COUNTY BOROUGH OF BRIGHTON.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1910.

DUNCAN FORBES, M.D., B.Sc, D.P.H.

BRIGHTON:
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1911.

COUNTY BOROUGH OF BRIGHTON.

Sanitary Committee:

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MR. COUNCILLOR BURBERRY (Chairman).
" " HARDY.
" " HEUN.
" " LINTOTT.
" " PARRY.
" " G. PENFOLD.
MR. COUNCILLOR SKINNER.
" " SONE.
" " TEASDALE.
" " TITCOMB.
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" " YATES.

Town Clerk: HUGO TALBOT, Esq.

Medical Inspection Branch Sub-Committee:

MR. COUNCILLOR CAMPBELL.
" " HARDY (Chairman).
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" " YATES.
MISS HEATHCOTE.
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MR. JOHN CARDEN.
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INSPECTORS.

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JAMES A. CUCKNEY " " " " "
(Superintendent of Abattoir).
ERNEST E. MILLS (Certif. San. Institute) " " "
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JOHN BAKER, Disinfector.
HERBERT W. HEASMAN, Senior Clerk.
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ALBERT VIGAR, Junior Clerk.
A. EDGE, Qualified Dispenser at Sanatorium.

Matron of Sanatorium: MISS RATCLIFF.

House Physician and Deputy to Medical Officer of Health:
R. M. COURTAULD, M.A., M.B., B.C., D.P.H.

Chief Inspector of Nuisances:
JAMES F. SKINNER (Certif. San. Institute).

Public Analyst: MEREDITH WYNTER BLYTH, B.Sc., F.I.C.

School Medical Staff and Health Visitor:

NURSE HENSON. | NURSE RICHNELL. | NURSE BOWEN.
MISS CAMPBELL, Clerk. MISS SENELE, Clerk.

School Doctor: J. LAMBERT, M.D., M.A., D.P.H.

Medical Officer of Health and School Medical Officer:
DUNCAN FORBES, M.D., B.Sc., D.P.H.

PREFACE.

TOWN HALL, BRIGHTON,

May 11th, 1911.

To the Brighton Town Council.

GENTLEMEN,—

I beg to present herewith my Report on the work of the past year.

In the preparation of the Annual Report proper I have been assisted by Dr. Courtauld, Chief Inspector Skinner, Inspectors Norrish, Cuckney and Mills. The School Report, included at the wish of the Local Government Board in the Annual Report, has been written conjointly with Dr. Lambert, the School Doctor.

At the end of this, my third year of office, I wish to acknowledge the constant and assiduous help which I have received from the members of the Sanitary Staff, of the School Medical Staff, and from the Matron and Staff at the Sanatorium. I have also to thank the members of the Sanitary Committee and the Elementary Schools Sub-Committee for the time and attention which they have devoted to the important work of my Department.

I am, Gentlemen,

Yours obediently,

DUNCAN FORBES,

Medical Officer of Health and
School Medical Officer.

TABLE OF CONTENTS.

VITAL STATISTICS.

POPULATION.

The estimated population of the County Borough of Brighton at the middle of 1910 was 131,900.

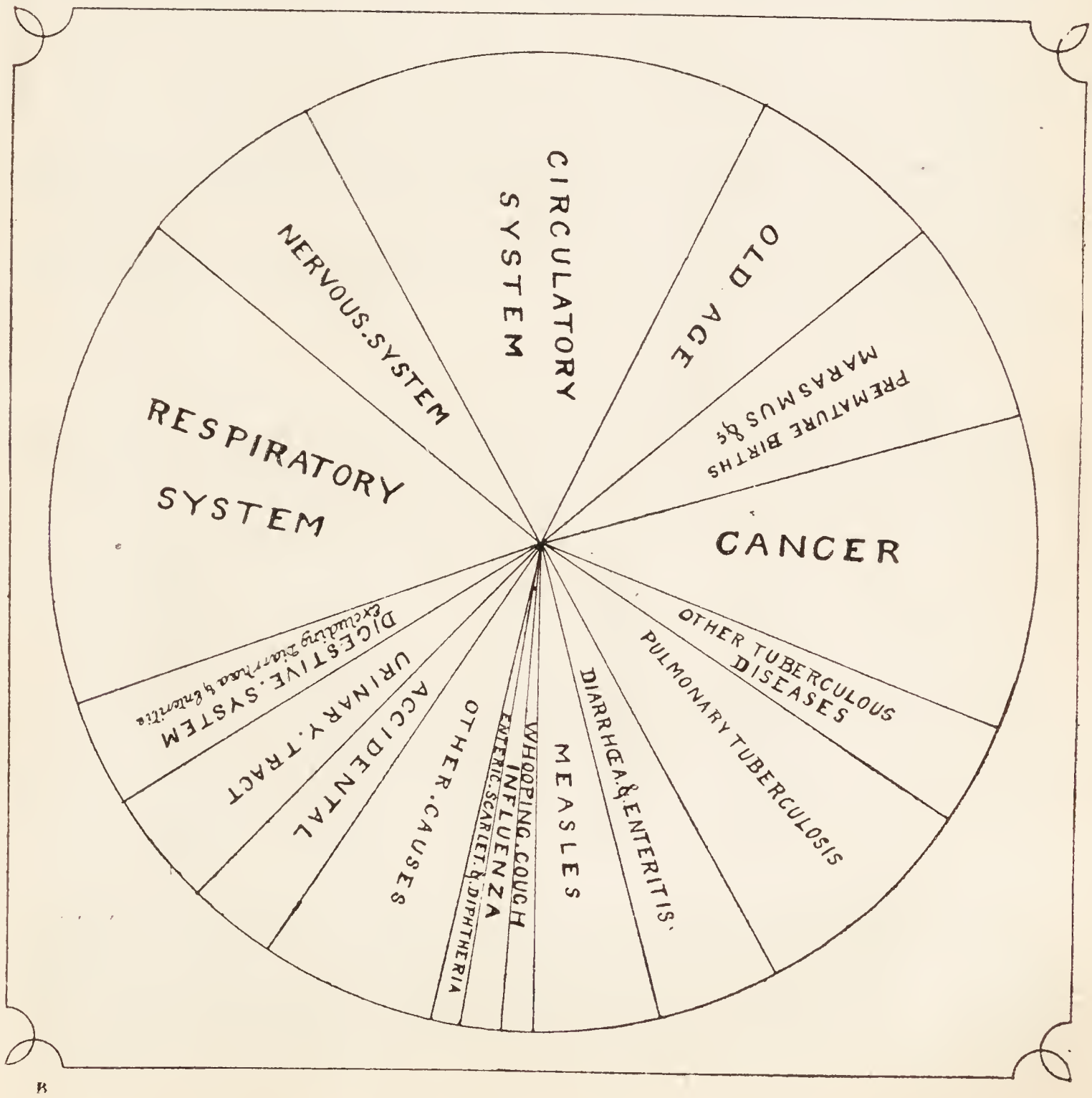
BIRTHS.

The total number of births registered in the Borough in the 52 weeks ending December 31st, 1910, was 2,612, 1,334 of boys and 1,268 girls. This is equivalent to a birth-rate of 19.8 per 1,000 inhabitants. The gradual decline in the Brighton birth-rate is shewn on Table I, page 62.

Of the births 179 were of illegitimate children, forming 6.9 per cent. of the total births. Of 50 births occurring in the Workhouse, 39 were of illegitimate children.

DEATHS.

Last year, 1,885 deaths from all causes were registered as belonging to Brighton, only two of these were not certified. The proportion of deaths from the principal causes is shewn diagrammatically below. Exact informa-



tion can be had by consulting Table IV, page 65. On comparing the number of deaths from various causes during 1909 and 1910, it is found that in the latter year there has been a great increase in the number of deaths from measles and cancer, but a marked decrease of deaths from respiratory diseases including consumption and influenza.

Table I., page 62, shews the birth and death rates of Brighton from 1900—1910. Table II. gives the more important causes of death for each Ward.

DEATHS IN PUBLIC INSTITUTIONS.

The following Table shews the returns for 1910:—

	Residents.	Non-residents.	Total.
Workhouse	225	10	235
Sussex County Hospital...	122	62	184
Royal Alexandra Hospital	31	16	47
Women's Hospital	14	—	14
Throat and Ear Hospital	1	1	2
Home for Incurable Children	—	3	3
Sanatorium	17	—	17
French Convalescent Home	—	3	3
	410	95	505

The number of Brighton residents dying in public institutions outside the Borough was 57; 40 in the Haywards Heath Asylum and 16 in the Shoreham Workhouse, and one in a London Hospital.

The number of deaths of visitors in private houses was 80 (.6 per 1,000), which is included in the net death rate.

INFANTILE MORTALITY.

The deaths of infants under one year was 111 per 1,000 births registered, as compared with an average of 122 in the ten years of 1890—1909.

The following table gives the figures over a series of years:—

1890	... 164	...	1900	...	166
1891	... 137	...	1901	...	162
1892	... 151	...	1902	...	125
1893	... 169	...	1903	...	114
1894	... 137	...	1904	...	133
1895	... 164	...	1905	...	102
1896	... 124	...	1906	...	111
1897	... 144	...	1907	...	111
1898	... 179	...	1908	..	104
1899	... 173	...	1909	...	95
			1910	...	111

Of the total deaths under one year, 45 were of illegitimate babies. Stated in terms of births, this implies that the infantile mortality among illegitimate babies is 251 as compared with 100 per 1,000 among babies born in wedlock. The chief causes of infant mortality are given in Table III., page 64.

STILL BIRTHS.

Owing to the courtesy of the Secretaries of the three Cemeteries, I am enabled to give a record of the number of still-births and by whom they were certified before burial.

Certified by	Brighton and Preston Cemetery.	Parochial Cemetery.	Extra Mural Cemetery.	Total.
Doctors	16	29	43	88
Midwives	2	11	—	13
Coroner	1	2	3	6
	19	42	46	107

NOTIFICATION OF BIRTHS ACT, 1907.

The Notification of Births Act, 1907, was adopted and came into force on the 1st July, 1909. The chief provisions of the Act are as follows:—

> "It shall be the duty of the father . . . . *and* of any person in attendance upon the mother . . . . to give notice in writing to the Medical Officer of Health . . . . by posting a prepaid letter or postcard . . . . within 36 hours after birth or by delivering a written notice at the office or residence of the Medical Officer within the same time."

The following table shews the number of births notified since July 1st, 1909:—

Notified by	1909. July—Dec.	1910.
Doctor	226	389
Midwife	842	1749
Parent	89	137
Doctor and Midwife	10	7
Doctor and Parent	9	4
Midwife and Parent	20	5
Other relative	2	1
Taken from death returns ...	1	3
Total { Births	1149	2216
Total { Still-births	50	79

Of the number of notifications received during 1910, 42 were sent only after the issue of a circular letter pointing out that notification was required by the Act. Up to the present no one has refused to notify after they were told of their obligation to do so.

Over 80 per cent. of births are notified apart from direction from this office.

The Health Visitor visits infants as early as possible after the doctor or midwife ceases attendance, in order that the instruction as to the care of the infant may be continued.

Although the Notification of Births Act is necessary for the successful carrying out of the duties of the Health Visitor, it is unsatisfactory for the following reasons:—

(1) The Registrar and the Medical Officer of Health have *both* to be informed of the birth of a child.

(2) The burden of notification chiefly falls on the doctor and midwife, and for this they receive no remuneration.

(3) A certain number of births occur in Workhouses. The mothers and infants stay there for three or four weeks until the mother is quite strong, they then, if they are not destitute, return to their home address. The Act does not provide for notification, by the Master of the Workhouse, of the home address of the parent, or the date of leaving the Workhouse. In this way numbers of infants who most require the attention of the Health Visitor are not visited.

(4) (a) There is no need for the Medical Officer of Health to have information of a birth within thirty-six hours; the mother is under the care of the doctor or midwife for at least ten days, and it is at the end of this period that routine visits should be made; if they are made earlier friction must result. If the Inspector of Midwives desires to inspect the home practice of any midwife she can do so by obtaining the addresses at which recent births have occurred from the Midwife's Register.

(b) There is no reason why births should not be registered during the first week. It is difficult to find any cause for allowing registration to be delayed for six weeks.

For the reasons given above I am of opinion that the Notification of Births Act should be repealed, and a new Registration Act should be introduced, which provides for the registration of births by the father or occupier of the house, within one week. Other provisions of the new Act might include the registration of the home address in all births occurring in public institutions.

THE MIDWIVES' ACT, 1902.

According to the register there were 26 midwives in private practice; all of these have been visited at their homes. The particulars regarding the conduct of practice of these are given below. In obtaining this and other information, 112 visits were paid.

Year.	1909.		1910.	
	Yes.	No.	Yes.	No.
Illiterate	6	19	8	18
Registers properly kept	19	6	21	5
Bags with washable linings	19	6	25	1
Washable dresses	25	—	26	—
Douche cans	4	—	5	—
Higginson's syringes	21	—	25	—
Same syringe* for vaginal douching and the giving of enemata ...	14	—	1	—
Pulse and temperature taken regularly	9	—	13	—
Pulse and temperature if think necessary	7	—	8	—
Temperature only taken	5	—	1	—
Pulse only taken	1	—	—	—
Neither pulse nor temperature taken	3	—	4	—

*Different nozzles are always used.

It will be seen from the above table that a considerable improvement in the methods of practice has occurred in many cases.

As many as 1,072 deliveries of living children were attended in or from the Women's Hospital, West Street, or its branches, during 1910. Of this number 907 (over one-third of the total births) belonged to Brighton. The staff consists of the Matron, Miss Blott, and six midwives; five of the latter are allocated to districts in Brighton.

This hospital is one of the institutions approved as training schools under Section C of the Rules of the Central Midwives Board. During 1910, 56 midwives were trained at the Institution, and 54 of these obtained the certificate of the Central Midwives Board.

Number of cases occurring in 1910, in which the Midwife advised that a Registered Medical Practitioner should be sent for (Rule E. 18).

Medical aid called in on account of the following causes, as stated by the Midwife.	Private Cases.	Outside Cases in connection with Women's Hospital, West Street
Pregnancy—		
Abortion	—	1
Ante-Partum Hæmorrhage	—	5
Labour—		
Presentation: Breech	—	5
Presentation: Transverse	—	3
Presentation: Contracted Pelvis	—	2
Presentation: Obstructed Labour	—	6
Delay in Labour	3	30
Retention of: Placenta	4	5
Retention of: Membranes	1	17
Rupture of Perineum	1	31
Post Partum Hæmorrhage	1	4
Eclampsia	—	2
Lying-in Period—		
Rise of Temperature	1	12
Other reasons connected with mother	3	4
Condition of Infant—		
Weakly Infant	4	17
Still Births	6	7
Totals	24	151
Totals, 1909	33	145

THE VISITING OF MOTHERS.

The employment of 1,118 *mothers visited.*—1,005 *worked at home*; of these 994 did their own housework, 4 took in work, 3 looked after shops, and 1 did laundry work at home. 116 *went out to work*; of those 54 worked in laundries, 26 were charwomen, 15 were in service, 8 were hawkers, 2 musicians, and the remainder were waitresses, tailoresses, &c.

Reasons for early weaning.—Only 11 mothers stopped suckling altogether because they had to go out to work; for that reason, however, another 21 infants were only partially breast fed; 22 babies were partially breast fed because the baby was said not to be satisfied.

It was found that the most common cause of the stopping of suckling before 6 months after confinement was because the "milk went"; 60 mothers stopped suckling because of this cause.

The long-tube bottle.—Of bottle-fed children 16 had long-tube bottles, 80 had bottles with teats and 7 were fed with a spoon. Seeing that all are agreed as to the undesirability of the long-tube bottle, legal powers should be given to stop their sale.

FEEDING OF SUCKLING MOTHERS.

The feeding of nursing mothers was commenced on January 10th, 1910. During the year, 1,311 dinners were supplied to the mothers at a total cost of £21 10s. 11d.; the present cost of the dinners is 4d. each. The Brighton and Hove Health Society subscribed £15, and a few donations have been received, but as yet the public have not been asked to assist this deserving charity.

Only mothers who are suckling their children are fed. There is only one centre, the Pelham Institute, Upper Bedford Street, at, not from, which mothers are fed. This centre is a great distance from some of the poor quarters, and other centres could with advantage be established.

Last November, at the instance of the Committee of the Crèche, a "Mothers' Welcome" was started at the Pelham Institute, and about eight mothers are at present attending regularly. The Health Visitor is in attendance. All the babies are weighed and afterwards the mothers have tea. Dr. Lilian Clifton Harris kindly attends and advises the mothers as to their own and their infants' health.

THE CRÈCHE.

The Crèche is a charitable institution, which provides a day nursery for the children of working mothers. During 1910 the average daily attendance was twenty-four. A few of the regulations taken from page 12 of the Annual Report are given below.

Hours and Days of Attendance.—From 8 a.m. till 8 p.m. every day, except Saturdays, when the Nursery closes at 2, and Sundays, when it is not opened at all.

Rules for Admission.—Forms are given at the Nursery on application, to be filled in by a Medical Man, certifying that the child is free from any infectious or contagious disease.

Payments.—The Mothers pay 4d. a day for one child, 3d. a day each for two of the same family, and 8d. for three.

Ages.—The children are received from three weeks to seven years old.

Requirements.—That the Mother shall be *obliged* to go out to work in order to provide for her family; that the children shall come decently clean; that they shall be fetched not later than 8 o'clock; and that they shall be brought regularly if the Mothers are in continuous employment.

Food.—The food consists of Oatmeal, Milk, Sago, Rice, Bread and Butter (or Dripping), Treacle, Light Puddings, Broth with Vegetables, Minced Meat, and various Foods for Infants.

Maternity Baskets.—Maternity Baskets are kept for lending. These are supplied with everything requisite for a mother and infant for the first month. Early application must be made for these, and they may be sent for a few days before required.

NOTIFICATION OF INFECTIOUS DISEASES.

The number of cases of infectious diseases notified during 1910 was:—diphtheria; 151; scarlet fever, 163; enteric fever, 38; erysipelas, 65; puerperal fever, 9.

Two cases of puerperal septicæmia, 4 of diphtheria, and 4 of erysipelas were notified severally by two doctors.

The cases notified are classified according to age and ward in Table V, page 70.

The total number of notifications (including 13 notified by the Medical Officer of Health) was 436 as compared with 687 in 1909. Of the total, 115 occurred in public medical practice, while 308 occurred in private medical practice.

SMALL POX.

There were no cases of small pox notified during the year.

Vaccination.—By the provisions of the Vaccination Act of 1867 every infant born had to be vaccinated within 3 months, except it was unfit to be vaccinated, as certified by the Public Vaccinator or a medical practitioner, such certificate being renewable for successive periods of two months.

The Act which came into force in January, 1899, extended the time to six months after birth; also no parent shall be liable . . . . if within 4 months from the birth of the child he satisfies two justices . . . . that he conscientiously believes that vaccination would be prejudicial to the health of the child."

The Vaccination Act of 1907, applies to infants born after August 31st, 1907, and provide that the child need not be vaccinated if the parent makes "a statutory declaration that he conscientiously believes that vaccination would be prejudicial to the health of the child."

The effect of the latest Act is well shewn in the following tables, which relate to the Parishes of Brighton and Preston.

	1909.	1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.	1900.
Births registered	2101	2173	2157	2257	2314	2373	2425	2466	2511	2482
Successfully vaccinated ...	959	1152	1273	1399	1504	1664	1732	1745	1733	1793
Insusceptible ...	5	3	1	4	7	13	8	13	9	5
Dead — Unvaccinated	180	176	191	207	203	224	238	243	306	301
Exempted — Section 2 ...	518	415	278	210	197	140	108	105	85	69
Postponed ...	19	24	24	30	34	26	29	19	23	59
Left district and reported elsewhere ..	5	16	14	5	7	5	8	4	6	16
Lost sight of ...	365	261	247	383	338	295	289	321	316	216
Unaccounted for	50	126	129	19	24	6	13	16	33	23
*Percentage known to have been successfully vaccinated	50	58	65	68	71	77	79	78	78	82
*Percentage of conscientious objectors ...	27	21	14	10	9	7	5	5	4	3

*In these calculations the number of dead is deducted.

For this table I am indebted to Mr. G. Clifford, Vaccination Officer for the Parish of Brighton.

	1910	1909	1908	1907	1906	1905
Births registered	525	592	591	570	602	571
Successfully vaccinated	205	292	335	360	411	392
Insusceptibility	—	—	3	2	1	—
Dead—Unvaccinated	16	34	28	32	26	28
Exempted through Conscientious Objection	232	202	188	126	104	81
Postponed by Medical Certificate	15	6	6	5	13	12
Left District and reported elsewhere ...	8	7	8	13	9	8
Lost sight of (no address)	32	48	23	32	32	37
Unaccounted	17	3	1	—	6	13
*Percentage Vaccinated	40	52	60	67	71	72
*Percentage Conscientious Objectors ...	46	36	33	23	18	15

* In these calculations the number of dead is deducted.

For this table I am indebted to Mr. Bramwell, Vaccination Officer for the Parish of Preston.

Note from the Preston Vaccination Officer (Steyning Union) regarding the above returns:—

"It will be observed that the number of infants vaccinated has decreased, and that the number of conscientious objectors has markedly increased since the 1907 Act came into force. In 1910, nearly half the infants born in Preston remained unvaccinated because their parents were conscientious objectors. The infants known to have been successfully vaccinated formed only thirty-nine per cent. of the total. On account of this the Preston Vaccination Officer has had his salary halved (being paid by fees for successful vaccinations only). The Brighton Guardians *have compensated their officer* for loss of fees due to conscientious objection."

SCARLET FEVER.

The incidence of scarlet fever since notification came into operation is shewn in the following table:—

	Number of cases.	Number of deaths.	Per 100,000 of population.		Number of deaths per 100 cases notified.
			Number of cases.	Number of deaths.	
1892-01 (average)	378	7·6	315	6.3	2.0
1902	146	3	117	2.4	2.1
1903	195	—	155	—	—
1904	172	2	136	1.6	1.1
1905	206	1	165	0.8	0.5
1906	225	2	172	1.6	0.9
1907	230	—	177	—	—
1908	287	2	221	1.5	0.9
1909	330	8	252	6.1	2.4
1910	163	5	124	3.8	3.1

Of the 163 notified cases, 139, or 85.9 per cent. were treated in the Sanatorium, as compared with 81.2 per cent. in 1909. Of the total cases, one case occurred in each of 114 private houses; in each of 15 houses, two cases occurred; in each of 5 houses, three cases occurred; in one house, four cases.

Schools:—

37	School Departments	had 0	cases
20	,, ,,	,, 1	,,
15	,, ,,	,, 2	,,
6	,, ,,	,, 3	,,
2	,, ,,	,, 4	,,
1	,, ,,	,, 5	,,

School children suffering from scarlet fever were absent from school on 3,810½ school days.

In addition, 121 contacts were excluded from school until the Monday week following the removal of the case.

Milk Outbreak.—Five cases of scarlet fever, and one case of diphtheria, occurred about the same time with the same milk supply. The particulars are given below.

			Onset.		*Remarks.*
Scarlet Fever	M.	A.	30.	Aug. 15.	*Patient a milker.*
	F.		5.	,, 15.	At home, did not mix with other children.
	F.		4.	,, 15.	At home.
	F.		21.	,, 19.	Diphtheria bacilli found in throat swab.
	M.	B.	15.	,, 20.	*Patient a milker.* Small healed sore on hand. Sore first noticed Aug. 1. Culture from sore gave diphtheria bacilli.
Diphtheria	F.		6.	Aug. 17.	

The dairy was situated in a rural district. The M.O.H. of the district examined the milkers and their children, and a veterinary surgeon examined the cows. No sign of illness was found.

It would appear from the history that some dairy employee must have had an unrecognised attack of scarlet fever, and infected the first milker and the milk. At the same time the milk was infected with diphtheria bacilli from the sore on the hand of milker B., who had not yet contracted scarlet fever. The Brighton dairyman sterilised the milk from this farm for one week, from the 24th August onwards, and no further cases occurred.

During 1908 two cases of scarlet fever seemed to be infected by one milk supply; both cases began on the same day, both developed abscess of the neck, and were the only cases in that district for one month.

The lesson to be learnt is that one or two cases of diphtheria or scarlet fever may arise from infected milk, and that the remainder of the consumers may be unaffected.

DIPHTHERIA.

The incidence of diphtheria in Brighton has been lower during 1910 than in any year since 1894, and the number of deaths which have occurred is the lowest on record.

	Number of cases.	Number of deaths.	Number of casss per 100,000 of population.	Number of deaths per 100,000 of population.	Case-mortality. Number of deaths per 100 cases notified.
1892-01 (average)	340	35.5	283	29.5	10.5
1902	437	36	349	29	8.3
1903	410	32	326	26	7.8
1904	269	16	213	13	6.0
1905	223	5	174	4	2.2
1906	231	13	179	10	5.6
1907	266	14	205	11	5.3
1908	212	9	162	7	4.3
1909	240	19	183	15	7.9
1910	151	2	114	1.5	1.3

Schools :—

44 School Departments had 0 cases.
19 ,, ,, ,, 1 ,,
12 ,, ,, ,, 2 ,,
5 ,, ,, ,, 3 ,,
0 ,, ,, ,, 4 ,,
1 ,, ,, ,, 5 ,,

School children suffering from diphtheria were absent from school on 2,635½ school days. In addition, 87 contacts were excluded from school until Monday four weeks, following the removal of the case.

An outbreak of diphtheria occurred in a Public Institution, containing 91 pupils and 12 teachers. The particulars of the outbreak are as follows :—

Sex.	Age.	Onset.	Sanatorium admission.	Swab result
M	15	15 Sept.	16 Sept.	
M	10	27 Sept.	29 Sept.	+
M	10	1 Oct.	3 Oct.	+
M	13	1 Oct.	4 Oct.	+
F	15	3 Oct.	not removed	+
M	13	3 Oct.	not removed	+

On October 6th, all the staff and children were swabbed. As a result of the swabbing of all throats, 18 positive results were obtained. Each nostril of each person swabbed was examined in a good light, and all cases were swabbed which shewed soreness or other abnormality. Of 10 such swabs taken, 5 were positive. Seeing that it would have seriously interfered with the work of the school to isolate all the positive cases, 700 units of diphtheria antitoxin were injected into the arm of each child. Beyond isolating the nasal cases, nothing was done, the throat cases mixing with the others as usual. No further cases occurred.

ENTERIC FEVER.

The incidence of enteric fever, since notification came into operation, is shewn in the following table:—

	Number of cases.	Number of deaths.	Number of notified cases per 100,000 of population.	Number of deaths per 100,000 of population.	Case-mortality Number of deaths per 100 cases notified.
1892—1901 (average)	98.5	14.4	82	12	14.6
1902 ...	65	14	52	11	21.5
1903 ...	39	4	31	3	10.3
1904 ..	34	7	27	5.5	20.6
1905 ...	34	2	27	1.6	5.9
1906 ...	22	3	17	2.3	13.6
1907 ...	24	3	19	2.3	12.5
1908 ...	28	5	22	3.9	17.2
1909 ...	29	6	22	4.6	27.3
1910 ...	38	10	29	7.6	26.3

Of the thirty-eight cases, five proved not to be typhoid.

The probable causes of the remaining thirty-three, so far as they can be ascertained, are noted below:—

Direct contact with known cases (one imported case)	8*
Direct contact with supposed "carriers"	2
Oysters	8
Mussels	4
Oysters and Mussels	1
Cockles (imported case)	1
Handling of Shell Fish	1
Not traced (two imported after infection)	8

*Of these two were of nurses of a Public Institution engaged in attending to known typhoid cases.

In addition to the above, two cases were reported as having contracted typhoid fever whilst in Brighton; both had partaken of oysters. Three other cases have been reported to us of persons who partook of mussels bought in Brighton.

A Group of Oyster Cases.

Sex.	Age.	Date Oysters eaten.	Date of Onset.	Oysters obtained from	Source of Oysters.	Remarks.
M.*	35	May 13th (about)	May 25th	Dealer X.	O.	A baker who had oysters with this patient had diarrhœa a few days later.
M.	32	May 12th	May 24th	Dealers X and M.	O.	Also ate oysters in London on May 14th.
F.	23	May 21st	May 31st	Dealer X.	O.	Husband took oysters from the same plate as patient, and remained well.
M.†	?	May 14th ,, 16th	June 3rd	Dealer X.	O.	

* Died June 28th.

† Naval Stoker, Portsmouth.

From February up to July the above (except one mussel case), were the only cases notified. If the oysters had been infected at the gathering ground one would have expected other cases in Brighton, Hove, and neighbouring towns about the same time, as oysters from this source are sent to those towns; such however, was not the case. The natural conclusion was that the oysters had been infected after they had reached Dealer X.

In his Annual Report for 1905, page 24, Dr. Newsholme gives Dealer X's history as follows:—

> "This patient has probably had enteric fever three times, the first attack 14 years ago, when he had an illness of six weeks duration, thought to be influenza. The second attack was in 1895, when he was again thought to have influenza and was three weeks in bed, and afterwards three weeks in the country convalescing. The third or present attack began in February, 1906. He was an oyster and mussel vendor at the time of each of these attacks, and although reluctant to do so, admitted that occasionally he ate oysters. He got his oysters from Southwick."

On inquiry we found that Dealer X. always washes, opens and serves the oysters himself. Samples of his fæces and urine were taken on July 4th, and examined in our own and at the Lister Laboratory with negative results. Only one set of samples was taken.

Other cases of oyster infection occurred, two of them probably from the same source. The onsets of these two cases were October 13th and October 16th. The retailer says he buys no oysters locally.

Group of Mussel Cases.—Mrs. B. who was staying in Brighton with a sister-in-law bought three quarts of mussels from Dealer Y. on 10th September. Next day she poured boiling water over them, and put the greater part of them into bottles, which she took to London. At the time of bottling, the sister-in-law ate two mussels and failed with enteric fever on October 1st. Mrs. B. returned to London on September 11th, and in the evening she, along with her husband and mother-in-law, had a mussel supper. All three were removed to hospital suffering from typhoid fever on the 8th, 12th, and 14th October respectively.

Three other cases, two of which died, had mussels from Dealer Y. Their dates of onset were January 11th, May 4th, and December 14th.

Dealer Y. states that he received his mussels from Southwick. The Fishmongers Company prohibits the sale of Shoreham mussels in the London Market.

Since the facts were submitted to Dealer Y. he has written to me saying that he had entirely ceased the sale of mussels, although this meant a loss of 8s. weekly to him.

DIARRHŒA.

During 1910, 47 deaths were returned under headings which are officially classed as diarrhœa. Of these deaths, 27 occurred in infants under 1 year of age, and 11 in children aged 1-2 years. Under the heading enteritis, 28 deaths were registered, of which 16 were under 1 year of age, and 1 at age 1-2.

In the following Table the deaths in children under 1 year of age from diarrhœa are given in terms of the births.

	From Diarrhœa.		From Diarrhœa.	From Diarrhœa and Enteritis.
	Deaths per 1,000 Births.		Deaths per 1,000 Births.	Deaths per 1,000 Births.
1897	25.5	1903	14.1	20.6
1898	32.9	1904	14.5	22.3
1899	49.4	1905	11.3	17.6
1900	24.0	1906	17.2	23.5
1901	23.5	1907	12.2	21.4
1902	11.7	1908	8.2	12.8
		1909	6.3	9.7
		1910	10.3	16.4

The following table, and also the diagram on page 18, shew the close relationship between the average temperatures for the third quarter, and the death-rate from diarrhœa.

Third Quarter of the years.	Mean Temperature.	Earth Temperature at four feet.	Diarrhœa and Simple Cholera mortality. Annual rate (third quarter) per 1,000 living.
1891	61.0	—	1.3
1892	60.2	—	1.6
1893	62.6	61.0	2.5
1894	60.4	59.6	1.3
1895	62.7	60.2	2.5
1896	61.2	60.3	2.1
1897	61.9	60.5	3.0
1898	63.2	60.6	3.8
1899	64.6	64.0	5.8
1900	62.5	62.1	2.5
1901	62.8	62.1	2.9
1902	60.2	60.2	0.7
1903	60.9	61.5	1.2
1904	61.7	62.0	1.4
1905	61.1	62.0	1.1
1906	61.6	61.7	1.7
1907	58.9	59.7	0.4
1908	58.8	60.8	0.4
1909	59.8	60.1	0.6
Mean	**61.4**	**61.1**	**1.9**
1910	58.9	60.2	0.7

The red line = Mean Temperatures
The black line = Mortality from Diarrhœa } in the third quarters of each year.

From the parents of 31 infants who died under one year of age from diarrhœa and gastro-enteritis, the following information was obtained as to feeding:—

Breast	5	Cows' Milk	15
Breast and Cows' Milk ...	2	Condensed Milk ...	7
Breast & Condensed Milk	1	Patent Food	1

MEASLES.

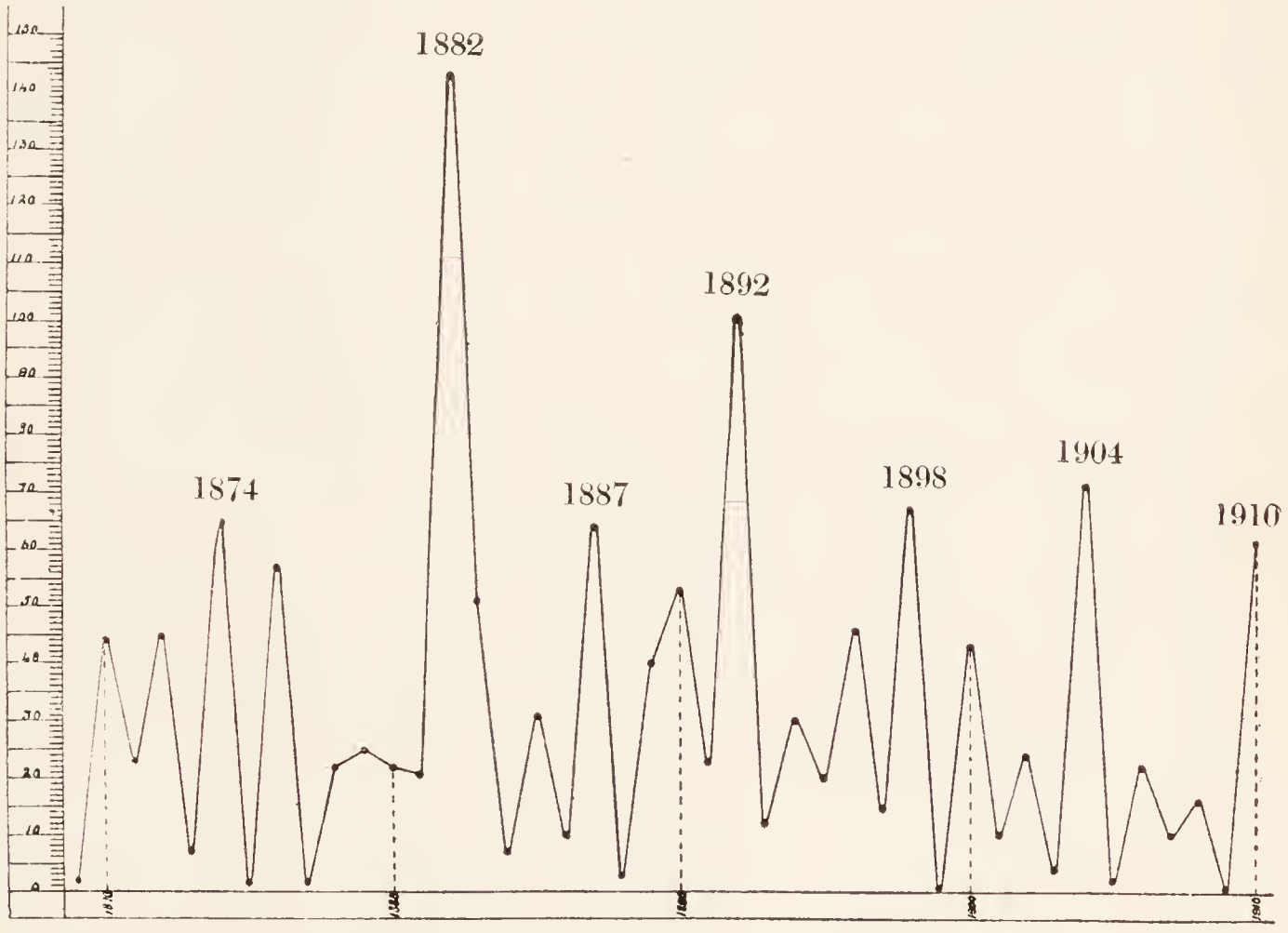
During 1910, Measles was the cause of 80 deaths. This equals a death-rate of 60.7 per 100,000. The corresponding rates from 1905 onwards were 2, 22, 10, 16, 1.

In 1904, the last large outbreak occurred, when the death-rate reached 71.

The total death-rates from Measles in ten-yearly periods are as follows:—

1871—1880	...	...	...	270
1881—1890	...	...	...	423
1891—1900	...	...	...	357
1901—1910	...	...	...	221

It will be seen from the diagram below that since 1882 there has been a steady fall of the death-rate, both for epidemic and inter-epidemic years. Large epidemics are now separated by intervals of five years.



Death-rate and Case Mortality. The greatest number of deaths occurs at the age period 1 to 2. Although the number of deaths at each age is mentioned, no death-rates have been taken out. The reason for this is, that not only the total number of cases is unknown, but also that different numbers of cases occur at the different ages, so that if death-rates were worked out, the death-rates would be overstated, and would bear no relation to each other.

Group A (See Table, page 21).—A death-rate which is as reliable as the small figures will allow has been taken out from this special group of cases. This group A includes all cases notified from the elementary schools, and also all cases which occurred in the homes of those notified cases. One first excludes all deaths not occurring in the group of children just mentioned, and then proceeds to calculate the death-rate for the group. This death-rate gives an idea of the case mortality from measles in the homes of the children attending the elementary schools. The case mortality is 2 for all cases; is highest from 1 to 2; and falls rapidly at later ages. As only three deaths occurred amongst children under one year of age, little importance attaches to this figure. There is good reason to believe from consideration of all the facts that the case mortality from 9 to 12 months is as high, if not higher, than that of the 1 to 2 year-old period.

Susceptibility is very low during the first three months, only four per cent. of the infants exposed being attacked: this percentage however rapidly increases during the first twelve months, reaching 80 per cent. in the 10 to 12 month period: after this age there is a gradual increase in the attack rate, which reaches its highest point at six years, and thereafter gradually declines.

Knowing that a majority of children are infected at school, and also that at the younger school ages most of the children are unprotected by a previous attack of Measles, it is not surprising to find that three-fourths of the first cases in houses occurred at the ages 4, 5, and 6. In considering the figures it must not be overlooked that a larger proportion of "First cases in homes," at the younger ages are unknown to us as compared with first cases in homes at the school ages.

Statistics regarding 2,351 cases of Measles which occurred during 1910.

	Months.				Years.									
	0-3	3-6	6-9	9-12	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10 and over.
Children who were not attacked.														
(*a*) With a history of Measles	—	—	—	2	9	27	28	34	49	95	129	156	151	813
(*b*) With no such history	54	33	28	10	33	29	24	13	8	4	15	14	12	37
Children who were attacked.														
(*a*) Primary cases in homes	2	1	5	3	22	19	79	214	378	318	148	45	13	17
(*b*) Secondary cases	2	16	35	39	162	177	169	140	107	80	172	47	17	34
Percentage of susceptible* children exposed who were attacked	4	33	55	80	83	86	88	92	93	95	92	77	59	48
All Deaths	1	2	2	9	26	14	12	2	8	2	—	1	—	1
Group A. School notifications and other cases occurring in the same houses ...	4	16	39	42	182	194	243	347	482	397	319	91	30	48
Deaths occurring in Group A	—	1	—	2	15	12	9	—	7	2	—	—	—	—
Death-rate per 100 in Group A	3				8	6	4	0·7			—			
	2 equals case mortality at all ages in Group A.													
First cases in homes	2	1	5	3	22	19	79	214	378	318	148	45	13	17

* Children with no history of an attack.

Out of every 100 Deaths from Measles.

The number occurring at each of the following periods of the disease was	From 1st to end of 6th day.	From 7th to end of 12th day.	From 13th to end of 18th day.	From 19th to end of 24th day.	From 25th to end of 30th day.	At later periods.	Total number of cases.
In 1882 and in 1889-92	26	36	20	7	5	6	325
In 1904	21	45	18	5	1	10	94
In 1910	11	38	26	11	7	7	80

Judging from the lower percentage of deaths during the first six days of illness, one would be inclined to say that this measles epidemic was of a milder type than the former outbreaks. In each epidemic the mortality was greatest from the 7th to the 12th day.

School.	Percentage of Attendance on day of Closure.	Date of Closure.		Date of Re-opening.	First Case of Measles Reported.
		Children under 5 excluded.	Closure of whole Department.		
St. Martin's	59%	—	July 19	Aug. 29 After Summer Holidays	May 30
Circus Street	Sep. 27 68% Oct. 7 58%	Sep. 27	Oct. 7	Oct. 31	Sep. 2
Central	Sep. 30 70% Oct. 5 46%	Sep. 30	Oct. 5	Oct. 31	June 17
St. John's	Sep. 30 72% Oct. 7 52%	Sep. 30	Oct. 7	Oct. 31	Sep. 15
Elm Grove	61%	—	Oct. 14	Oct. 31	Sep. 19
St. Mary's	69%	—	Oct. 21	Nov. 14	Sep. 20
Middle Street	54%	—	Oct. 26	Nov. 14	Sep. 30
Park Street	47%	—	Nov. 1	Nov. 21	Sep. 12
St. John the Baptist ...	62%	—	Nov. 2	Nov. 25	Oct. 21
St. Mark's	56%	—	Nov. 8	Nov. 28	Sep. 29
Pelham Street... ...	61%	—	Nov. 11	Dec. 5	July 15
Preston National Mixed School	48%	—	Nov. 14	Dec. 5	Oct. 31
All Souls'	59%	—	Nov. 15	Dec. 5	Oct. 17
Crown Street	61%	—	Nov. 18	Dec. 12	Oct. 13
St. Bartholomew's ...	51%	—	Nov. 29	After Xmas Holidays	Oct. 24

Closure of Infant Departments.—It will be observed that schools were closed, not with the object of preventing the spread of measles, but only when the percentage attendance had fallen very low. The percentage attendance at the time of closure varied from 46 per cent. in the case of Central Infants' to 69 per cent. in St. Mary's Infants' School.

At the end of May, St. Martin's school was attacked, and this school was closed on July 19th, nearly 40 per cent. of the children being absent.

During the summer vacation large numbers of children in the neighbourhood of Lewes Road had measles. This probably accounts for the necessity not having arisen to close Hollingdean and Lewes Road Infant Schools.

The Influence of Sunday Schools.—Measles usually starts in infants' departments. It is recognised that attendance at an infected school is the chief cause of the spread of measles.

The spread of measles from one infants' department to another infants' department:—If all infants attending school A went to Sunday School A then there would be a much greater chance of measles being located to one school. Unfortunately, infants from School A not only attend Sunday School A, but also Sunday Schools attended by children from other day schools. It is this mixing of infants from various schools at a *Common* Sunday School which is probably the chief cause of the spread of measles from one district of the town to another.

Equal legal powers should be given for closure of or exclusion from Day schools and Sunday schools.

Re-inspection of infected houses into which fresh families had come:—

Children who have not had Measels.			Children who had a history of a previous attack.	Doubtful Histories.
0— 3	months	5	—	—
3— 6	,,	7	—	—
6— 9	,,	4	—	—
9—12	,,	7	—	—
		23		
1— 2	years	17	8	—
2— 3	,,	18	12	1
3— 4	,,	18	12	1
4— 5	,,	9	16	1
		62		
5— 6	,,	5	9	—
6— 7	,,	3	23	1
7— 8	,,	3	11	1
8— 9	,,	1	11	1
9—10	,,	1	19	1
10—14	,,	2	60	1
		15		

Inspection was carried out in April, 1911.

100 children who had no history of a previous attack of measles did not develop an attack after entering houses in which measles had recently occurred.

In 57 families which had been attacked by measles, and which continued in the infected houses, births occurred, and the infants were not infected. At the time of re-inspection the ages of these infants were as follows:—

Under 1 month.	1—2	2—3	3—4	4—5	5—6
5	12	14	8	8	10

In one family there were 3 cases of measles in December, 1910. The family continued to reside in the same house, and on 8th April, 1911, a female child was born. 13 days thereafter the child developed a rash on the face, which rash was preceded, the mother says, by symptoms of a cold. The rash spread all over the body and lasted 4 days. Unfortunately no doctor was called in, but the mother says the rash was the same kind of rash which her children had in December.

From the above evidence and that recorded on pages 31 and 32 of the Annual Report for 1904, one would conclude that there is no call for disinfection after measles.

WHOOPING COUGH.

The number of deaths from whooping cough was 19.

The death rate was 14 per 100,000 for 1910 compared with 17 for 1909.

The 95 cases were notified, chiefly from schools, during 1910. Of these cases 10 occurred under 1 year of age, 7 aged 1-2, 13 aged 2-3, 6 aged 3-4, 14 aged 4-5, 24 aged 5-6, 10 aged 6-7, 8 aged 7-8, and 3 over 8 years.

PUERPERAL FEVER.

During the year, 9 cases of Puerperal Fever were notified. The table given below records the more important points regarding these cases.

No. in Register.	Age.	Midwife.	Doctor.	No. of Previous Labours.	Removed to Public Institution.	Remarks.
1	28	T.	—	Primip.	No.	Died on the 22nd day. Midwife made several examinations.
2	32	Q.	—	Four.	Workhouse on 27th day after confinement.	Notified after removal to Workhouse. Twins both died.
3	37	—	Ca.	Four.	No.	—
4	22	—	E.	Primip.	Workhouse on 9th day.	Instruments used. Temperature rose on the 4th day.
5	28	—	Ca.	Three.	Workhouse 2 days after confinement.	Confined of premature still born child.
6	32	—	D.	Multip.	No.	Contracted pelvis. Died.
7	25	D.	—	Primip.	No.	Unsatisfactory midwife.
8	30	H.	—	Three.	No.	Pelvic cellulitis.
9	22	—	Ca.	Primip.	No.	Prolonged labour. Membrane retained. Temperature rose 8th day.

In addition to the above cases, we received the two certificates of deaths given below.

1. "F. 22. Perimetritis, following labour. Acute General Peritonitis. Syncope." The history is as follows:—Breach with extended arms. Ante Partum hœmorrhage. On the third day, the temperature rose to 103 degress in the morning, with a pulse rate of 148. The temperature remained high, and the pulse rapid until death, which occurred eight days later.
2. "F. 27. Parametritis. Broncho-pneumonia. Empyema." The history is as follows:—Multipara. Normal labour. Afterbirth perfect. On the fifth day, patient got out of bed, and on the following morning had a temperature of 103 degrees, and a pulse rate of 140. She died on the thirteenth day.

In each case inquiry was made from the practitioner in attendance as to the reason why he did not notify his case as puerperal fever. The replies were that the disease was not considerd to be puerperal fever, the disease being localised.

The definition of puerperal fever, as given in the latest nomenclature of diseases (1906). of the Royal College of Physicians, is as follows:—

" 'Puerperal septic intoxication. Synonym, Puerperal Saproemia.' "

"Note.—The term 'Puerperal Fever' has been removed from the nomenclature of Diseases. Pyœmia, Septicœmia or Septic Intoxication occurring in puerperal women should be described as 'Puerperal Pyœmia,' 'Puerperal Septicœmia' or 'Puerperal Septic Intoxication.' "

"Other conditions formerly included under the term 'Puerperal Fever' should be returned under this section, the word 'Puerperal' being in all cases prefixed to the word denoting the local process."

The definition of the Obstetrical Society appears in the following letter from the Local Government Board, sent in 1908, to a Medical Officer of Health who reported a death similar to those mentioned above.

"Sir,—I am directed by the Local Government Board to advert to your letter of the 4th ultimo with reference to a death, the cause of which was registered as 'Chronic Salpingitis, Puerperal Peritonitis,' and in reply to your enquiry I am to state that the Board are advised that the case should have been notified under the Infectious Disease (Notification) Act, 1889, as a case of Puerperal Fever, since puerperal peritonitis clearly comes within the scope of puerperal fever as defined by the Obstetrical Society of London, viz., 'septicœmia and pyæmia, including peritonitis and all cases of acute pelvic inflammation occurring in connection with childbirth.' The Royal College of Physicians has given a somewhat similar definition.

"I am, &c.,
(sd) "JOHN LITHIBY,
"Assistant Secretary."

In the Nomenclature Internationale des Maladies, 1909, the following are included under the title Septicémie Puerpérale:—Fièvre puerpérale; Infection puerpérale; Endométrite puerpérale; Salpingite puerpérale; Périmétro-salpingite; Phlegmon du ligament large (puerpéral); Cellulite pelvienne diffuse peurpérale; Péritonite, *ou* Métropéritonite, *ou* Phlébite, *ou* Lymphangite, *ou* Pyohémie puerpérale; Fièvre de lait.

Ne pas y comprendre: Septicémie (sans épithète) (20); Scarlatine puerpérale (7).

The non-notification of such cases as the two mentioned above leads one to think that a considerable number of cases of puerperal fever are not notified, and until medical practitioners acquaint themselves with the definition of the term the returns must remain unreliable. Even if the death rate from puerperal fever were 20 per cent., 20 cases should have been notified, which is more than double the number of notifications actually received.

TUBERCULOUS DISEASES.

In the following table, the registered death-rate from pulmonary tuberculosis or phthisis and from other tuberculous diseases for a series of years is shewn:—

Mean Annual Death-rate in Brighton from Phthisis (Consumption) and other Tuberculous Diseases per 100,000 persons, in Groups of Years.

	Phthisis.	Other Tuberculous Diseases.
1861-70	295	98
1871-80	247	78
1881-90	193	74
1891-1900	148	66
1901	134	59
1902	139	40
1903	145	52
1904	136	67
1905	135	54
1906	144	58
1907	141	53
1908	126	44
1909	137	43
1910	108	52

Owing to the fact that a larger proportion of the Brighton population than that of England and Wales is at the ages most susceptible to phthisis, a correction factor, which is .9267 is needed. 108, multiplied by the above factor, gives a corrected death rate of 100.

During the last twelve years, the number of persons dying from phthisis have been 1,227 males and 849 females.

The comparatively low death-rate in females as compared with males is chiefly due to the extremely satisfactory housing conditions present in Brighton.

The gradual lowering of the death-rate from pulmonary tubercle is due in large measure to better feeding and improved housing. Education of consumptives in their homes and at the Sanatorium as to the prevention of the spread of infection, must also exercise a beneficial effect. In the past, Sanatorium treatment has been disappointing because so few cures have been effected in cases shewing tubercle bacilli in the sputum. Great hopes are entertained that in the future early diagnosis will be assisted by the application of tuberculin tests, and that by treatment with tuberculin many early cases will be cured.

A great deal of interesting information is contained in the following table, which gives the particulars of notification from 1899 onwards.

Year.	Number of cases notified for first time.	Number of cases re-notified.	Total number of deaths from Phthisis in Brighton.	Population.	Cases which received treatment at			Notified Cases.					Deaths of cases notified in a given year, and dying in that or a subsequent year.											Notified cases in which death was not certified as phthisis.	Specimens of Sputum examined.	
					Sanatorium outside Brighton.	Brighton Sanatorium.		Wrong address given on notification.	Left Brighton.	Changed address and lost sight of.	Died since notification.	Cases living & under observation, Dec. 31/10	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910		For Doctors in Brighton.	For Sanatorium.
						Admitted for first time.	Re-admissions.																				
1897	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21 for 14 m'ths.	—
1898																											
1899	111	2	180	122040	—	—	—	7	6	41	57	—	23	15	1	2	1	(In 15 additional cases the date of death is unknown.)						—	—	47	—
1900	105	4	173	122860	—	—	—	2	18	19	64	2	—	24	23	2	5	3	3	1	—	—	1	2	—	86	—
1901	151	11	164	123668	—	—	—	3	22	38	76	12	—	—	41	16	6	3	1	5	2	—	—	2	4	125	—
1902	222	54	174	124539	6	25	—	6	26	53	114	23	—	—	—	54	34	11	9	1	2	1	1	1	5	146	23
1903	315	83	182	125405	—	100	3	9	28	94	130	54	—	—	—	—	63	32	19	5	5	2	—	4	5	227	111
1904	360	88	174	126286	—	137	6	11	37	119	151	42	—	—	—	—	—	63	43	24	13	5	2	1	5	284	188
1905	305	105	172	127183	—	138	8	3	34	84	140	44	—	—	—	—	—	—	55	40	17	16	8	4	3	279	104
1906	371	121	185	128095	—	215	32	4	38	134	128	67	—	—	—	—	—	—	—	71	41	11	2	3	5	474	246
1907	298	105	182	129023	—	198	36	1	36	83	100	78	—	—	—	—	—	—	—	—	46	35	15	4	10	414	258
1908	270	64	167	129967	—	170	26	2	39	57	98	74	—	—	—	—	—	—	—	—	—	41	47	10	8	379	232
1909	267	152	180	130926	—	143	32	4	33	50	86	94	—	—	—	—	—	—	—	—	—	—	64	22	9	362	161
1910	251	105	143	131900	—	137	28	1	12	10	60	168	—	—	—	—	—	—	—	—	—	—	—	60	17	370	176
—	3026	894	2076	—	6	1263	171	53	329	782	1204	658	23	39	65	74	109	112	130	147	126	111	140	113	71	3214	1499
					1269																						

The following table shewing the percentage of patients now alive and under observation, of the numbers notified in each year, is of interest.

Of those notified in	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Percentage alive	74	52	43	44	34	24	22	29	17	14	3	0

According to this table, the expectation of life after notification is about $3\frac{1}{2}$ years.

A near approximation to the expectation of life after notification may be derived from the following statement:—

Patients notified who are still under observation or who have died in Brighton.

Of 1,805 patients				1,223, or 68%	were alive at the end of the calendar year in which they were notified.
,, 1,055	,,	surviving at the end of the	1st calendar year,	722, or 68%	2nd calendar year after that in which they were notified.
,, 628	,,		2nd ,, ,,	513, or 82%	3rd ,, ,,
,, 469	,,		3rd ,, ,,	412, or 88%	4th ,, ,,
,, 304	,,		4th ,, ,,	278, or 91%	5th ,, ,,
,, 211	,,		5th ,, ,,	193, or 91%	6th ,, ,,
,, 149	,,		6th ,, ,,	144, or 97%	7th ,, ,,
,, 102	,,		7th ,, ,,	97, or 95%	8th ,, ,,
,, 43	,,		8th ,, ,,	42, or 98%	9th ,, ,,
,, 19	,,		9th ,, ,,	16, or 84%	10th ,, ,,
,, 4	,,		10th ,, ,,	2, or 50%	11th ,, ,,

Leaving out the calculation, the years lived by 27 per cent. of notified cases alive at the end of the sixth year after notification, the average expectation of life of the notified case is still over three years.

During the year, 389 notifications of Pulmonary Tubercle were received; of these, 253 were under the system of Voluntary Notification, and 136 under the Public Health (Tuberculosis) Regulations, 1908, as shewn in the following table.

	Primary Notification.	Re-Notification.
Voluntary Notifications—		
In private practice	69	12
In public practice	111	43
By M.O.H. of adjoining district ...	2	—
By M.O.H. and School Doctor ...	14	1
By relatives of patients	1	—
	197	56
Under L. G. B. Regulations—		
By the Parochial Medical Officers ...	4	6
By the Workhouse Medical Officers ...	46	42
By the Workhouse Masters	4	30
By the Relieving Officers	—	4
	54	82

The 138 re-notifications were in respect of 105 patients; 80 cases being re-notified once, 18 twice, 6 three times, and 1 four times.

Of the 251 new cases notified during the year, 60 have died, 17 have left the town, 12 have gone to unknown addresses, and in one case the wrong address was given when notified.

Stage of Disease at which Notification occurs.—Eleven cases were notified less than a week before death, 17 between 1 and 4 weeks before death, 10 from 1 to 2 months, 6 from 2-3 months, 6 from 3-4 months, 5 from 5-6 months, and 7 from 6-12 months before death.

Forty Notifications of Change of Address were received, enabling prompt disinfection to be done.

DEATHS.

Proportion of the Disease imported.—Of the 143 deaths from phthisis in 1910, the disease was already present in 38 patients when they came to Brighton—10 of these latter were notified before death. Of the 38 imported cases, 13 were resident in Brighton from 0-3 months before death, 7 from 3-6 months, 2 from 6-9 months, 2 from 9-12 months, 3 from 1-2 years, 4 from 2-3 years, 1 from 3-4 years, 1 from 5-6 years, 2 from 6-7 years, 1 from 10-11 years, 1 from 11-12 years, and 1 from 14-15 years. Of the total number of deaths from 1898-1910, 18.7 per cent. have been those of imported cases.

Deaths occurring in Public Institutions.—48 cases died in the following institutions: 30 in the Brighton Workhouse, 4 in the Brighton Borough Asylum, Haywards Heath, 7 in the Sanatorium, 5 in the Royal Sussex County Hospital, and 2 in the Royal Alexandra Hospital.

NOTIFIED CASES.

Of the 251 notified cases, 22 were already ill when they came to Brighton.

Proportion of Cases Notified.—Of 143 deaths, 47 only were those of unnotified cases. Out of the 47, 20 were visitors. This would indicate that under the present system of notification, a very large majority of cases is notified.

Disinfection after admission to Sanatorium.—The amount of disinfection that is carried out at the patient's home, in addition to thorough domestic cleansing, varies according to circumstances. Special attention is paid to the patient's bedroom, which is usually sprayed with disinfectant; the bedding is disinfected by steam. In dirty homes, notices to cleanse are served, and this results in the stripping of wall-paper and whitewashing of ceilings. In very clean houses, frequently nothing is required, except domestic cleansing, which can be conveniently undertaken by the tenant. Damp dusting of articles of furniture and dough cleansing of wallpaper are advised.

After deaths from phthisis and other tuberculous diseases, disinfection was carried out as follows: in 82 cases rooms were sprayed, and in 1 case rooms were fumigated with sulphur by the tenant. In 43 instances rooms, and in 3 cases the whole house was stripped, cleansed and whitewashed. In 6 cases the bedding or clothing was burnt, in 12 the bed-ticking was taken off and washed, and in 76 the bedding and clothing were disinfected by steam.

The number of cases of consumption treated in the Sanatorium during 1910 was 137; of these, new cases numbered 109. Of this latter number 99

had been notified during 1910. The total cases notified during the year was 251, which means that 39.4 per cent. of the cases notified during the year had the advantage of Sanatorium treatment and training. The average stay of each patient was 79 days in 1910, as compared with 66 in 1909. Of the 99 new cases treated in the Sanatorium, 3 were subsequently admitted to the Infirmary, and of the 152 new cases notified during the year who did not receive Sanatorium treatment, 54 were admitted during the year to the Infirmary.

The following table gives some idea as to the stage of the disease when the patients are first admitted, and as to the length of their stay and progress in the Sanatorium.

Stage of Disease.	Number of Cases.	Average Stay in Hospital in Days.	Bacteriological Results.			Average Gain in Weight in lbs.	Deaths.
			Positive.	Negative.	No Sputum.		
I. Male ...	13	84	8	2	3	10	—
I. Female ...	11	83	1	4	6	10	—
II. Male ...	18	82	11	4	3	11	—
II. Female ...	17	64	11	4	2	7	—
III. Male ...	18	72	18	—	—	6	4
III. Female ...	11	68	9	—	2	4	2
Children under 15 Male ...	9	47	1	—	8	3	—
Children under 15 Female	12	67	—	—	12	4	—

[Stage I. includes cases in which no crepitations were heard, who had no temperature, and a small amount of sputum, if any. Stage III. includes cases with cavitation, temperature, and a considerable amount of sputum.]

Tuberculin.—During the year, treatment by tuberculin was begun. It has now been decided to treat all suitable cases with tuberculin, beginning with doses of 1-500 mgm. (T. R. Koch). Patients who are improving under this treatment are invited to return for injections after their discharge from the Sanatorium.

Phthisis Patients receiving Outdoor Relief.—Of 23 consumptives receiving outdoor relief at an early date in 1911, 8 had a bedroom to themselves, 3 had a bed to themselves, whilst 12 slept with some other person. In 21 cases the house was kept clean, in one case the house was not very clean, and in one the conditions were very unsatisfactory.

The Treatment of Tuberculous Joints.

In January, 1910, the Public Health Committee decided to take in 12 cases of tuberculous joint disease in children. The first cases were admitted on April 6th, 1910. It was decided only to admit early cases of spine, hip and knee disease. No cases with lung trouble, and no cases complicated by abscess or sinus are admitted. The object is to obtain complete cure of hip and knee cases, and a minimum of deformity in spinal cases. The general hospitals used to keep those cases for as long a time as possible, but seeing rest for nine months or a year was required, and that there were always many patients

wanting beds, these cases were sent home to rest. Even careful mothers found difficulty in giving these children the attention required, especially in large families. Consequently the joints were moved, and abscess or increased deformity resulted; also in the poor hygienic conditions of many of the homes, the patients had no chance of fighting the disease successfully, and succumbed from the spread of the disease. At the Sanatorium the little patients lead practically an open-air life, and are kept at perfect rest. It is too early as yet to speak of results, but they give promise of great success.

TUBERCULOUS MILK.

17 samples of milk were submitted for examination, but all of these gave negative results. (See page 48).

REGISTERED DEATHS FROM CANCER.

Seat of Primary Disease.	Sarcoma.		Carcinoma and Epithelioma.		Malignant Disease or Cancer.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
Head, Face, Eye, Orbit, Nose, Ear	1	—	—	—	—	1	1	1
Jaws	1	—	—	—	2	—	3	—
Skin	—	—	—	—	—	—	—	—
Axilla and Shoulder	—	—	—	—	—	—	—	—
Mouth, Tongue, Lips	—	—	2	1	3	1	5	2
Neck, Throat, Tonsils, Larynx...	2	1	3	1	5	2	10	4
Lung, Chest, Mediastinum, Heart	—	1	1	2	—	2	1	5
Œsophagus	—	—	2	1	2	—	4	1
Breast	—	—	1	10	—	6	1	16
Abdomen	1	—	1	—	2	3	4	3
Stomach and Pylorus	—	—	8	8	6	11	14	19
Liver and Gall Bladder ...	—	—	4	10	—	12	4	22
Peritoneum, Mesentery, Omentum	1	1	—	—	—	—	1	1
Pancreas	—	—	—	1	3	—	3	1
Spleen	—	—	—	—	—	—	—	—
Intestines (excluding Rectum)	—	—	3	5	4	6	7	11
Rectum	—	—	9	2	1	—	10	2
Uterus	—	—	—	13	—	8	—	21
Ovaries	—	—	—	—	—	3	—	3
Pelvis, Kidney, Bladder, Prostrate Urethra, Penis ...	—	1	1	1	2	1	3	3
Groin, Leg, Foot, Arm, Hand ...	1	2	—	—	2	—	3	2
Parts unspecified	1	1	—	—	—	—	1	1
Total	8	7	35	55	32	56	75	118

The total number of deaths registered as due to the various forms of cancer was 193 last year, as compared with 161, 158, 164, 159, 143, 150, 132, 96, 125, 114 and 150 in the ten preceding years. Of the number returned as cancer, 31 occurred in the Workhouse, 13 in the County Hospital, 4 in Shoreham Workhouse, and 1 in a London Hospital. Of the total, 8 were visitors, of whom 2 came to Nursing Homes in Brighton.

No disinfection is done after cases of cancer except in very septic cases or in cases where the occupier desires and pays for disinfection. According to the latest researches, disinfection after cancer accomplishes no object so far as the spread of cancer is concerned.

LUNATICS.

Mr. Burfield, Clerk to the Guardians, has kindly supplied me with lists of all Lunatics chargeable to the *Parish* of Brighton on the 1st January of each of the undermentioned years.

Year.	Brighton Asylum.	Other Ayslums.	Workhouse	Boarded out.	Totals.
1896	312	0	159	39	510
1897	355	7	167	39	568
1898	363	18	73	70	524
1899	373	25	72	35	505
1900	390	28	69	30	517
1901	386	39	81	32	538
1902	393	45	85	37	560
1903	420	43	88	42	593
1904	481	0	74	50	605
1905	520	0	69	64	653
1906	521	4	71	72	668
1907	549	1	63	74	686
1908	551	6	83	47	687
1909	572	7	69	82	730
1910	599	5	71	91	766
1911	601	5	72	95	773

BOROUGH ISOLATION HOSPITAL.

The following table shews the number of cases admitted to, treated at, and discharged from the Sanatorium.

	Number of Patients suffering from the following Diseases :—											
	Scarlet Fever.	Enteric Fever.	Measles.	German Measles.	Diphtheria.	Phthisis.	Tuberculous Joints.	Chicken Pox.	Other Diseases.	Total in Sanatorium.	Small Pox.	Fulking Grange.
Remaining in the Sanatorium Dec. 31st, 1909	17	5	—	—	24	25	—	—	—	71	—	
Admitted to Sanatorium during 1910	149	28	8	1	139	137	12	4	2	480	—	
Total number treated in 1910 ...	—	—	—	—	—	—	—	—	—	—	—	
Number discharged during 1910	—	—	—	—	—	—	—	—	—	—	—	
Died in Sanatorium in 1910 ...	3	5	1	—	1	7	—	—	—	17	—	
Remaining in Sanatorium Dec. 31st, 1910	21	4	4	—	12	26	9	3	—	79	—	

Of the above cases, 4 of scarlet fever, 2 of diphtheria, and 2 of other diseases, belonged to the Sanatorium staff; five cases of scarlet fever, two of diptheria, and one of enteric fever were admitted from Newhaven Rural District.

The children of inhabitants of the Borough are not charged, but £318 8s. 5d. was paid for the maintenance of other patients in the Sanatorium. Of this amount, £141 16s. 10d. was paid for private patients who had special rooms, including patients from boarding schools, £39 0s. 7d.

was paid for Poor Law patients. £20 15s. 9d. was paid for special disinfection done in the town, etc. The Newhaven Rural District Council has paid £137 11s. In addition to the above amounts, £495 5s. 1d. was received for the maintenance of Hedgcock patients who received treatment during 1910.

The table on page 37, prepared by the Borough Accountant, shews the expenditure for the year on the two hospitals. The total number of weeks spent by all the patients in the Sanatorium was 3,985, as compared with 4,068 in 1908. Of the total in 1910, scarlet fever patients spent 942 weeks, diphtheria patients 756 weeks, and phthisis patients 1,718 weeks, and patients suffering from tuberculous joints, 313 weeks.

I. Return Cases.—Seeing that the Scarlet Fever patients treated at the Sanatorium during 1910 numbered only 147, the figures for 1909 and 1910 are added together in the three following tables.

	Days.																			
Intervals between																				
(1) discharge from Hospital and onset return case ...	4	4	5	6	7	7	8	8	9	13	13	14	18	26	30	37	38	85	126	185
(2) onsets in primary and return cases	48	57	44	54	44	54	45	52	46	51	91	54	52	89	83	82	83	137	193	231
The day of disease on which primary case discharged from Hospital	45	54	40	49	38	48	38	45	38	39	79	41	35	64	54	46	46	53	68	47

That great length of stay in hospital does not prevent return cases, is shewn by the following table which gives the week of illness during which the patients were discharged; it was thought better to give the dates of discharge according to length of illness, and not length of stay in the Sanatorium, as some cases are admitted later in the illness than others.

Before end of	3rd week.	4th week.	5th week.	6th week.	7th week.	8th week.	9th week.	10th week.	10th and over.
For 1909 & 1910.	From onset of illness.								
Number discharged ...	4	19	68	139	95	35	16	12	21
Primary cases giving rise to return cases were discharged ...	—	—	1	6	6	3	1	2	1

The table on page 34 shews that there is no danger from the desquamation of discharged scarlet fever patients. It will be observed that a majority of the cases giving rise to return cases were sent out from Hospital whilst suffering from discharges of various kinds.

Condition on Discharge of Scarlet Fever Cases during 1909 & 1910.	Desquamation.			Throat.			Enlarged Tonsils.	Nasal Discharge.			Nose.			Moist.	Septum Red.	Otorrhœa.		Ciliary Blepharitis.	Cough.	Adenitis.	Cracks and Sores.	Vaginal Dischg.
	Present.	Absent.	Had none during stay in Hospital	Normal.	Red.	Pale.		Thick.	Thin.	Undefined.	Sore.	Crusts.	Picked.			Acute.	Chronic.					
(1) Of 408 cases ...	211	117	80	293	18	97	127	20	28	5	9	7	6	15	28	6	6	5	9	15	10	1
(2) Of 20 cases giving rise to return cases	9	8	3	13	—	7	7	2	2	2	2	—	1	—	1	—	—	2	3	3	1	1

Registered Number.	Sex.	Age.	Date of Onset.	Date of Admission.	Date of Discharge.	Length of stay in the Sanatorium.	Rash.	Duration of Pyrexia.	Otorrhœa.	Adenitis.	Rheumatism.	Late Albuminuria.	Nephritis.	Other Complications.	Condition on Discharge. Desquamation.	Condition on Discharge. Enlarged Tonsils.	Condition on Discharge. Condition of Throat.	Condition on Discharge. Other Remarks.	Any Illness after Discharge.	Susceptible contacts at home under ten.	Remarks.	Return Cases. Registered Number.	Return Cases. Date of Onset.	Return Cases. Intervals between Onsets of 1st and 2nd cases.	Return Cases. Intervals between Discharge of 1st case and onset of 2nd case.	Return Cases. Sex and Age of Return Cases.	Degree of Contact.
SCARLET FEVER HOSPITAL RETURN CASES.																											
245 09	M.	7	Sept. 4	Sept. 7	Oct. 26	50	+	9	L 38th day	28th day	...	37th day	...	... ...	O	...	P	Submax glands +	Glands became larger at Christmas	3	Case 8 died from Scarlet Fever plus enteritis	8	Jan. 19	137	85	F. 2	... ...
40	F.	3	April 6	April 8	May 23	46	+	3	...	...	...	...	...	Nasal discharge on admission. Thick nasal discharge 28th day	Never	...	N—R	Submax glands + thick nasal discharge	...	3	... ...	148	Nov. 22	231	185	F. 5	... ...
101	F.	8	Sept. 7	Sept. 8	Oct. 13	36	?	...	...	...	...	...	...	Slight sore throat 19th day, with slight temperature. Vaginal discharge	Never	+	P	... ...	Sore throat 20th October. Vaginal discharges continues	1	... ...	126	Oct. 22	46	9	F. 11	Slept together
88	F.	21	Aug. 21	Aug. 22	Oct. 1	41	+	6	...	...	4th	...	...	K.L.B. in Throat	Feet not started	+	N	... ...	...	Boarding House	Case 125 came to board on 12th October in a small boarding house, kept by case 88's mother. He only talked to case 88 on the door step.	125	Oct. 15	54	14	M. 22	See remarks.
135	F.	15	Nov. 4	Nov. 5	Dec. 21	48	+	8	...	...	...	...	...	... ...	Feet	...	N—R	... ...	...	...	... ...	161	Dec. 27	54	6	M. 3	Case 135, an aunt of case 161, but did not live in same house, but visited
Unnotified	F.	11	Feb. 16	...	...	...	+	...	...	...	...	...	...	... ...	...	...	...	... ...	Both cases had nasal discharge at time of onset in 49	...	... ...			82	...	M. 6	... ...
31	F.	13	March 4	March 18	April 30	44	desq	...	...	...	...	...	...	... ...	Feet	...	N—R	Picked nose				49	May 8	52	8	...	... ...
SCARLET FEVER HOME RETURN CASE.																											
Unnotified	F.	40	Nov. 22 1909		...	...	+	...	...	...	...	...	...	... ...	...	...	...	... ...	...	4	First case supposed to be due to fish-poisoning. No disinfection done	25	Mar. 12	111	...	F. 11	... ...
DIPHTHERIA HOSPITAL RETURN CASES.																											
237 09	F.	6	Nov. 18	Nov. 20	Dec. 10	21	...	...	...	...	...	...	...	... ...	...	...	...	... ...	...	...	Swabs from throat and nose of Case 237. Negative 23rd July	82	July 17	242	220	M. 3	... ...
198 09	M.	4	Oct. 26	Oct. 29	Nov. 25	28	...	...	...	...	...	...	...	... ...	...	...	...	... ...	...	...	Case 198 had a + throat swab on discharge	4	Jan. 8	71	44	M. 2	... ...
DIPHTHERIA HOME RETURN CASE.																											
92	F.	33	Aug. 14	...	Disinfection Sept. 14	...	...	...	...	...	...	...	...	... ...	...	...	...	... ...	...	...	Case 92 negative throat swab September 10th. Case 106 returned home September 14th after staying with his Grandmother during Case 92's illness	106	Sept. 19	36	...	M. 3	... ...

The table inserted here gives full particulars regarding not only return cases of scarlet fever but particulars of cases of all kinds arising after the return home of patients discharged from the Infectious Disease Hospital.

During the years 1909 and 1910, 430 scarlet fever cases were nursed in hospital, and 20 gave rise to return cases (percentage 4.7); 96 scarlet fever cases were nursed at home and 5 gave rise to return cases (percentage 5.2).

The following table shews the complications from which the patients suffered during their stay in hospital during 1908, 1909 and 1910. During 1909 and 1910 the scarlet fever patients were kept in bed for at least four weeks. Previously they were allowed up at the end of ten to fourteen days. I am of opinion that cases should not be allowed to mix with each other until after the end of the fourth week of their illness; if they do so they are more apt to suffer from complications, and to remain in an infectious condition for a longer period.

	1908	1909	1910	Patients suffering from various Complications developing after admission.		
	275 patients.	284 patients.	149 patients.	1908	1909	1910
Otorrhœa	30	22	8	10.9	7.7	5.4
Nephritis	5	5	1	1.8	1.7	.7
Rheumatism	10	11	6	3.7	3.8	4.1
Endocarditis	2	4	1	.7	1.4	.7
Pericarditis...	1	—	—	.4	—	—
Pneumonia...	1	1	1	.4	.3	.7
Suppurative Conditions ...	4	4	3	1.5	1.4	2.0
Harbouring D.B. on admission	9	2	6	3.3	.7	4.1
,, ,, during stay	5	1	—	1.8	.3	—

In addition the following complications were noted:—

On admission 30 suffered from nasal discharge, 5 from ringworm of the head, 5 septic sores, 3 from chronic ear discharge, 2 from endocarditis, and one from each of the following, sore nose, chorea, albuminuria, whooping cough.

Whilst in hospital the following complications were first observed, two suffered from relapsed throat, one from relapse, one seemed to contract scarlet fever, two suffered from chorea, three from labial discharge, and one from each of the following, thrombosis of poplitial vein, bronchitis, seborrhœic rash, erythema nodosum. In addition to the above nasal discharge commenced in 19 cases on the following days of disease:—

3rd, 5th, 6th, 8th, 9th, 10th (three cases) 11th, 12th, 13th, 18th, 19th, 30th, 32nd, 35th, 36th, 40th, 43rd.

Diphtheria.—During the year 139 persons, notified as suffering from diphtheria, or harbouring diphtheria bacilli, were admitted to the Sanatorium. Of these 31 did not give D. B., either on admission or during their stay in hospital. On discharge the swabs from the throat and nose of 108 patients were negative (three negative swabs from the nose are obtained before discharge), those from the throats of 29 patients were positive. Swabs from the nasal passages of the 2 remaining patients were positive.

Only one died, a boy aged 4, who suffered from diphtheria following measles, and was admitted on the 4th day of the disease.

Three cases notified as diphtheria required tracheotomy. These are tabulated below.

No.	Sex.	Age.	Day of onset.	Days of Disease.		Termination.	Remarks.
				Doctor called in.	Removed to Sanatorium.		
20	F	4	Feb. 4th	4th	5th	Recovery	
30	M	5	Feb. 24th	Feb. 25th	2nd	Recovery	Swabs all negative.
119	M	2	October 7th	4th	4th	Recovery	

FIGURES FOR 1910, COMPARED WITH 1908 AND 1909.

COUNTY BOROUGH OF BRIGHTON HOSPITALS.

Expenditure—Sanatorium, Bear Road.

	1908.	1909.	1910.
Salaries and Wages—	£ s. d.	£ s. d.	£ s. d.
Medical Officer	100 0 0	100 0 0	100 0 0
Matron	90 0 6	90 0 6	90 5 5
Nurses and Servants	1125 7 5	1085 8 4	1144 14 7
Labour (gardens)	130 1 10	122 4 0	124 10 0
Repairs	505 16 11	104 18 3	299 15 8
Fuel	1021 1 3	843 5 2	722 10 1
Electricity	194 5 6	206 8 9	198 18 0
Gas	63 8 2	46 17 8	45 4 9
Water	50 0 0	55 5 5	64 2 11
Milk Pasteurizer	48 10 0	—	—
Sundry household goods, furniture and repairs	198 19 6	328 6 7	315 11 10
Provisions	2075 11 9	2049 16 0	2050 16 4
Drugs and medical sundries ...	183 12 0	215 2 1	178 8 8
Surgeons' fees (special cases) and hire of extra nurses	74 13 5	28 8 6	22 7 6
Dresses for Matron, uniforms for nurses and servants, hospital garments, linen, flannel and drapery goods	182 9 0	170 1 2	179 7 5
Printing, advertising, stationery and stamps	20 13 0	26 3 1	29 6 4
Rates, taxes and insurance ...	450 5 0	455 5 0	462 18 4
Travelling expenses, cab hire, carriage, telegrams and sundries...	21 11 5	27 9 3	17 2 7
Garden seeds, manure, &c. ...	15 14 6	49 6 11	5 10 2
Telephone rent	6 13 3	6 13 3	6 13 3
Installation of heating apparatus at the Scarlet Fever Pavilion ...	—	246 0 0	—
	The Grange, Fulking.		
Wages	72 16 0	72 16 0	73 0 0
Repairs	7 12 10	9 19 5	19 2 8
Fuel	11 3 9	9 2 0	8 9 0
Sundry household goods	5 10 6	5 12 8	5 4 0
Travelling and miscellaneous expenses	2 10 4	1 12 8	2 0 6
Rates, taxes and insurance ...	11 1 2	11 1 4	11 1 4
Telephone rental...	35 0 0	35 0 0	35 0 0
	£6704 9 0	£6402 4 0	£6212 1 4

The following table shews the time spent in hospital by the staff and the various classes of patients :—

	Adults.		Children under 15.		Total.	
	Weeks.	Days.	Weeks.	Days.	Weeks.	Days.
Staff ...	2,654	—	—	—	2,654	—
Phthisis ...	1,542	6	175	2	1,718	1
Joints ...	—	—	313	4	313	4
Enteric ...	187	3	35	1	222	4
Scarlet Fever	165	3	776	3	941	6
Diphtheria	88	5	667	5	756	3
Others ...	4	4	27	6	32	3
	4,643	0	1,996	0	6,639	0

If we take the expense of keeping a child as being $\frac{2}{3}$rd that of keeping an adult, we find that the number of weeks calculated as "for adults" equals 5,970.

The cost of food worked out on this basis is 6s. 10½d per week, per adult. The average cost per week, taking the weeks spent by both adults and children works out at 6s. 2d. per week.

Apart from the Fulking Hospital the total expense is £6,058 3s. 10d.

The average cost per person per week is 18s. 3d., but worked out as above on an adult basis is £1 0s. 3½d.

At present the Guardians of the Poor pay 15s. a week for persons over 10 in hospital, and 7s. 6d. for persons under that age.

LABORATORY REPORT, 1910.

	Positive.	Negative.	Doubtful.	No Growth.	Total.
Outside Swabs	112	596	6	12	726
Inside Swabs.					
Admissions Diphtheria ...	117	214	1	7	339
Convalescent Diphtheria ...	242	724	6	20	992
Admissions Scarlet Fever ...	8	159	1	1	169
Convalescent Scarlet Fever ...	2	58	3	—	63
Outside Sputa	90	280	—	—	370
Inside Sputa	105	71	—	—	176
**Blood Specimens for Widal's Reaction.*	(1)	(2)	(3)	(4)	
Outside	11	4	6	36	57
Inside	6	0	5	4	15
Hairs examined for Tinea.					
Outside	120	57	—	—	177
Inside	7	4	—	—	11

* In examination of blood specimens—

1 = complete reaction. 3 = incomplete reaction.
2 = almost complete reaction. 4 = no clumping.

Miscellaneous Inside Specimens.

One specimen fluid from pleural cavity of Phthisis patient, no T.B.
Two specimens labial discharge from Scarlet Fever patients, no gonococci.

Miscellaneous Outside Specimens.

Urine sent by S.M.O., S.G. 1028, no albumin, no sugar.
,, ,, ,, no albumin.
Cerebro-spinal fluid sent by S.M.O., T.B. present.
Urine sent by M.O.H., no albumin.
,, ,, a General Practitioner, no T.B.

Number of Water Examinations.

	Chemical.	Bacteriological.
Patcham	12	11
Falmer	12	11
Goldstone	12	11
Mile Oak	12	11
Shoreham	12	11

Number of swabs examined from outside	726
,, ,, ,, ,, Sanatorium	1563
Number of sputa examined from outside...	370
,, ,, ,, ,, Sanatorium	176
Number of blood specimens (Widal's test) from outside ...	57
,, ,, ,, ,, ,, Sanatorium	15
Number of specimens of hairs examined from outside ...	177
,, ,, ,, ,, ,, Sanatorium ...	11
Number of miscellaneous specimens examined from outside	5
,, ,, ,, ,, ,, inside...	3
Number of water samples examined {chemically ...	60
{bacteriologically ...	55
Total	3218

SANITARY WORK OF THE YEAR.

SANITARY INSPECTION.

In the following Tables, prepared by Mr. Skinner, the Chief Sanitary Inspector, the work of the Sanitary Department is stated, so far as it can be given in tabular form:—

Inspections during 1910.

	Totals for 1909.	Totals for 1910.
Number of Streets Inspected	326	266
,, Houses and other Premises Inspected	17348	16043
,, Complaints attended to	1126	1011
,, Visits to Slaughter Houses	2904	3502
,, ,, Cowsheds	41	43
,, ,, Bakehouses	195	330
,, ,, Dairies and Milk Shops ...	510	477
,, ,, Provision Shops	3518	4108
,, Day Visits to Common Lodging Houses	226	170
,, Night Visits to ditto	104	78
,, Visits in respect of Sickness... ...	3579	5302
,, Visits to Disinfect Rooms	852	522
,, Visits for Removal of Bedding ...	673	314
,, Drains Tested by Volatile Test ...	48	49
,, Drains Opened for Examination ...	370	266
,, Visits for Sundry Purposes	5705	6980
,, Visits to look up Notices served ...	5790	6425
,, Attendances at Police Court... ...	23	28
,, Samples Collected for Analysis ...	555	535
Samples for Bacteriological Examination—		
Oysters	5	—
Milk for Tubercule Bacilli...	50	17
,, Dirt, &c.	—	16
Number of Inspections of Stables	1788	1487
,, Wastes of Water Reported	102	121
,, Letters sent to Schools and Public Library	1365	1367
Meteorological Observations taken	1095	1314
,, Reports issued	2550	2562
Visits to Schools	132	131
Number of Visits under Factory and Workshops and Shop Hours Acts	3974	3948
Drains Flushed	21	26
Markets Committee, One Inspector	10 days	12 days
Visits to Houses Let in Lodgings (Day)... ...	153	182
,, Offensive Trades	213	156
Smoke Observations	64	64
Contagious Diseases (Animals) Act	6	47
Visits to Ice Cream Vendors	132	146
Housing, Town Planning, &c., Act—		
Visits by Medical Officer of Health... ...	—	137
,, Chief Inspector	—	661
Customs and Inland Revenue Act—		
Visits by Medical Officer of Health... ...	—	34
,, Chief Inspector	—	34

It will be seen by the above table that 4,108 visits have been made to provision shops during the year.

The primary object of these is to prevent the sale of unsound food, but frequent visits are also necessary to ensure the regular removal of refuse, especially from fish shops during the summer months, as the offal and empty boxes, etc., in which the fish arrive, quickly become offensive; fried fish shops require constant supervision, if the utensils are allowed to become dirty the nuisance from the frying is intensified.

All stables have been regularly inspected, and the frequent removal of manure insisted on, since the abolition of underground manure pits, and the substitution of movable galvanized iron cages for the manure. Complaints of offensive smells from stables have practically ceased.

Another benefit derived from the removal of the old-fashioned fixed manure pit is the reduction in the number of flies, which bred freely in them and became a serious nuisance to the occupiers of the surrounding houses.

All premises where offensive trades are carried on have been regularly visited, and the frequent removal of offensive matter insisted on, a great improvement has been made in one large skin-drying premises by the introduction of an electric fan for the extraction of foul air.

146 visits were made during the hot weather to premises where ice cream is manufactured, to see that proper precautions were taken to prevent its contamination.

The visits for sundry purposes include the testing of house drains after repairs and alterations, but not the testing of new drains. The latter is done by the Borough Surveyor's department. Visits to premises with builders and owners, to arrange details for carrying out the work ordered, inspections of common passages at the rear of houses, waste land, areas of unoccupied houses, and visits to dirty houses are also included under this head. Houses occupied by dirty tenants are kept under observation until an improvement in their condition is made.

Many of the complaints received were due to the keeping of fowls, rabbits, pigeons, &c., in the back yards of houses. This practice is most objectionable and sometimes causes serious nuisance.

There has been a slight decrease in the number of houses inspected during the year, owing to an outbreak of measles in the town, a considerable amount of time was taken up in visiting the cases to see that proper precautions were taken.

The sanitary inspections enumerated in the preceding table have been followed by the serving of the notices given in the next table. A large proportion of the work is done on the strength of verbal recommendations or preliminary notices.

Notices served during 1910.

Nature of Notice.	Warning and Verbal Notices.						Final Notices.				Total number of notices complied with.	
	Number served.		Number complied with before service of final notice.		Number reported for final notice.		Number served.		Number complied with.			
	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.
To drain into sewer and fill up cesspools	8	—	7	—	1	—	1	—	1	—	8	—
To relay drain	185	—	142	—	43	—	65	—	65	—	207	—
To repair drain and soil pipe	43	—	25	—	18	—	22	—	22	—	47	—
To trap drain	40	—	23	—	17	—	16	—	16	—	39	—
To cleanse and whitewash rooms	234	42	147	25	87	17	121	17	121	17	268	42
To clear drain or soil pipe	108	17	41	7	67	10	79	4	79	4	120	11
To clear, repair or cleanse closet, or repair flushing apparatus or pan ...	451	165	268	82	183	83	207	82	205	82	473	164
To repave yard or scullery	318	8	207	6	111	2	161	—	160	—	367	6
To abate other nuisances...	924	79	606	54	318	25	401	18	396	18	1002	72
To provide covered dustbins	478	—	275	—	203	—	250	—	243	—	518	—
To provide premises with a proper water supply ...	10	—	7	—	3	—	3	—	3	—	10	—
To cleanse premises and remove foul accumulations	69	200	13	67	56	133	41	161	41	161	54	228
To provide manure receptacles	3	1	—	1	3	—	2	—	2	—	2	1
To provide w.c. accommodation	10	—	2	—	8	—	9	—	9	—	11	—
To render damp walls with cement compo	139	—	95	—	44	—	43	—	41	—	136	—
To lay on water to closets	8	—	4	—	4	—	7	—	7	—	11	—
To abate overcrowding ...	—	85	—	7	—	78	—	75	—	74	—	81
To discontinue keeping animals so as to be a nuisance	—	94	—	20	—	74	—	77	—	77	—	97
To abate smoke nuisance...	—	12	—	10	—	2	—	4	—	4	—	14
To cleanse and whitewash bakehouses	—	9	—	9	—	—	—	—	—	—	—	9
To cleanse and whitewash workrooms	—	11	—	8	—	3	—	4	—	4	—	12
To alter water pipes ...	3	—	3	—	—	—	1	—	1	—	4	—
To pave and drain stables	3	—	2	—	1	—	1	—	1	—	3	—
To discontinue to let or occupy cellar dwellings	—	1	—	1	—	—	—	—	—	—	—	1
To cause waste pipes to discharge in the open air	1	—	1	—	—	—	—	—	—	—	1	—
To pave yard adjoining house wall	22	—	10	—	12	—	10	—	10	—	20	—
To take up brick floor of living rooms and lay board floor with vent under same	18	—	5	—	13	—	12	—	12	—	17	—
Totals	3075	724	1883	297	1192	507	1452	442	1435	441	3318	738

Three summonses have been necessary during the year to enforce compliance with notices.

COMMON LODGING HOUSES.

Ten of these are at present registered, having accommodation for 339 lodgers. The bye-laws have been properly carried out in these houses during the past year.

HOUSES LET IN LODGINGS.

Houses in which the landlord resides, of a rateable value not exceeding £26, and having four families in them, and houses of the same rateable value which are let in separate lodgings to two or more families, when the landlord does not reside on the premises, come under the above heading. Bye-laws for these were confirmed by the Local Government Board, on July 13th, 1893. Sixty-three such houses are now on the register.

There has been no breach of the bye-laws respecting these houses during 1910.

REMOVAL OF HOUSE REFUSE.

In accordance with the arrangement made with the Borough Surveyor's department, the following information has been supplied, and the necessary notices served in each instance.

No dust bins, defective bins, &c. 88

During the greater part of the year, the refuse from ordinary dwelling-houses is collected weekly, but during the hot weather, in July and August, it is collected twice a week, and, by special arrangement, the collection is made from hotels and large boarding-houses twice or three times a week during the whole year.

It would be beneficial to the health of the inhabitants of the town if the collection was made from every house at least twice a week during the winter months and thrice weekly during the summer.

NEW HOUSES.

The Borough Surveyor reports that plans for the erection of 70 new dwelling-houses were passed by the Town Council during 1910, compared with 101 in 1909 and 142 in 1908. These were situate in the following Wards: Preston 15, Preston Park 24, Lewes Road 3, Queen's Park 19, Montpelier 1, St. John's 3, Pavilion 1, King's Cliff (Kemp Town) 4.

HOUSING, TOWN PLANNING, &c., ACT, 1909.

This Act, which came into operation on December 3rd, 1910, has considerably increased the duties and responsibilities of the Sanitary Department.

Sections 32 and 33 of the Housing of the Working Classes Act, 1890, and section 8 of the Act of 1903, are now repealed, and the duty of closing and demolishing houses which are unfit for human habitation is transferred from the Magistrates to the Town Council.

Further powers are also given for dealing with derelict houses, which could not be satisfactorily dealt with formerly.

The Act of 1890 gave the owner of a house in respect of which a closing or demolition order had been made by the Magistrates, the right of appeal to the Court of Quarter Sessions; the appeal must now be made to the Local Government Board, within a specified time.

No such appeal has been made in Brighton during the year.

Section 75 of the Act of 1890 is extended by section 14 of the Act of 1909. In any contract made after December 3rd, 1909, for letting a house, or part of a house, in Brighton, at a rent not exceeding £26 per annum, there is now an implied condition that the house at the commencement of the holding was in all respects reasonably fit for human habitation, and further by section 15 that the premises shall during the holding be kept by the landlord in all respects so fit, unless the house or part of house is let for a term of not less than 3 years on the understanding that the lessee shall put the premises into a habitable condition.

If section 15 is not complied with the Town Council may order such works to be carried out as may be necessary to make the house or part of house reasonably fit for human habitation, if in their opinion it can be rendered so fit, and in default of compliance with this order the Council may do the work themselves, and recover the cost from the landlord in a summary manner, subject to the right of appeal by the landlord to the Local Government Board.

If the Town Council are satisfied on the representation of the Medical Officer of Health that any house within their district is unfit for human habitation they are compelled to make a closing order.

This Act has now been in operation for one year, and under the powers conferred by it a large amount of good work has been done by the Sanitary Department.

It will be seen by Table on page 46 that 137 visits have been made by me to insanitary houses, and 661 by the Chief Inspector, each having been specially appointed to exercise the powers of entry for the purpose of the Act.

33 closing orders and 10 demolition orders have been made by the Town Council during the year under section 17 of the Act; the result of these can be seen on reference to Table, page 45.

Although no orders have been made by the Town Council during the year under section 15 of the Act, much useful work has been done by mutual arrangement between Chief Inspector Skinner and the owners, the details of the repairs carried out are as follows:—

Cesspool emptied, cleansed and filled up, and house drained into main sewer	1
Defective house drains taken up and re-laid	32
Defective house drains repaired and made watertight ...	4
House provided with a proper water supply	1
House walls re-built	11
Damp-proof course provided in walls	4
‡External walls rendered in Portland cement	52
New roofs, or roofs repaired	18
§New windows provided	25
Yard or scullery paved or re-paved	42
Ventilation provided under ground floor	27
*Earth excavated and new floors laid	7
†Bedroom ceilings raised to 7ft. 6in.	4
Internal plastering renewed	10
Interior of house cleansed and whitewashed	16
Miscellaneous repairs	105
Total number of houses repaired	47

‡ In many instances the whole of the outer walls of the house were cemented.
§ In some cases the whole of the windows of the house were renewed.
* Four of these were brick floors of living rooms, and were very damp, the remainder were defective board floors resting on the earth.
† These were low pitched, with sloping ceilings.

Action taken under section 17 of the Housing, Town Planning, &c., Act, 1909.

Name of Street.	No. of houses dealt with.	No. of closing orders made.	No. of demolition orders made.	Result.
Steine Gardens ..	2	2	—	1 house demolished by owner and new house built, the other house demolished and space left vacant.
Cannon Street ...	1	1	1	House demolished by owner and space left vacant.
High Street	2	2	2	Houses demolished by owner.
Marine Gardens ...	10	10	—	Demolition order pending.
Frederick Street ...	11	11	6	5 houses being put into repair by owner.
Glo'ster Road ...	1	1	1	
Oxford Place	2	2	—	Houses undergoing repairs.
Arnold Street ...	1	1	—	House undergoing repairs.
Henry Street... ...	3	3	—	Houses put into thorough repair by owner.
	33	33	10	

FISH MARKET.

Very few complaints of bad smells from the fish market have been received during the year.

Every possible care is taken to prevent this, but, owing to the defective ventilation of the market, it is impossible to avoid some smell in hot weather.

During 1910 the following fish have been surrendered in the Fish Market and destroyed by arrangement with the owners:—

Wet Fish.									Dried Fish			Shrimps, Pink and Brown.			Shell Fish.					
Flat Fish.			Herrings and Mackerel.			Other Wet Fish.									Whelks and Winkles.			Other Shell Fish.		
cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.
18	2	0	25	2	0	46	0	14	14	3	0	34	2	0	15	1	0	0	0	6½

Total weight, 7 tons 14 cwt. 2 qrs. 20½ lbs.

PUBLIC ABATTOIR.

The Public Abattoir has been open 16 complete years. The number of animals slaughtered each year is shewn in the following table:—

Year.	No. of Animals Slaughtered.
1894	433
1895	6,991
1896	11,184
1897	12,054
1898	12,650
1899	16,384
1900	18,304
1901	17,645
1902	20,318
1903	22,962
1904	25,804
1905	26,978
1906	26,875
1907	24,889
1908	24,769
1909	23,143
1910	21,840

The number of animals killed in 1910 was 21,840, viz:—

1,641 beasts
1,734 calves,
962 lambs,
6,589 sheep,
6,554 pigs,
} in the public slaughter-houses,

and

12 beasts,
14 calves,
272 lambs,
1,426 sheep,
2,636 pigs,
} in the private slaughter-houses.

The amount received in tolls since the opening of the Abattoir has been as follows:—November and December, 1894, £7 13s. 4d.; 1895, £102 15s. 4d.; 1896, £122 4s.; 1897, £115 7s. 7d.; 1898, £185 10s. 3d.; 1899, £243 9s. 4d.; 1900, £279 17s.; 1901, £271 13s. 10d.; 1902, £352 14s. 10d.; 1903, £402 11s. 10d.; 1904, £433 4s. 3d.; 1905, £451 9s.; 1906, £467 5s. 2d.; 1907, £515 2s. 3d.; 1908, £436 11s. 7d.; 1909, £461 0s. 4d.; 1910, £468 3s.

PRIVATE SLAUGHTER-HOUSES.

In various parts of the town 33 private private slaughter-houses are in use. The bye-laws for slaughter-houses have been fairly well carried out.

Each slaughter-house is visited several times a week by Inspector Cuckney, Superintendent of the Abattoir.

UNSOUND MEAT SEIZED OR SURRENDERED DURING 1910.

Description.	Number of Animals.	Number condemned by Magistrate.	Number condemned by arrangement with owners.	Total weight in lbs.
A.—*At the Abattoir*—				
Bullocks (whole carcase)...	5	—	5	3700
,, (part of carcase)	173	—	173	5768
Calves (whole carcase) ...	11	—	11	791
,, (part of carcase) ...	11	—	11	254
Sheep (whole carcase) ...	15	—	15	1167
,, (part of carcase) ...	110	—	110	889
Pigs (whole carcase) ...	51	—	51	6074
,, (part of carcase) ...	647	—	647	6312
	1023	—	1023	24955
B.—*In the Private Slaughter Houses and Shops*—				
Bullocks (whole carcase)...	16	—	16	11136
,, (part of carcase)	336	—	336	13895
Calves (whole carcase) ...	2	—	2	170
,, (part of carcase) ...	14	—	14	205
Sheep (whole carcase) ...	21	—	21	1496
,, (part of carcase) ...	139	—	139	1209
Pigs (whole carcase) ...	23	—	23	3193
,, (part of carcase) ...	97	2	95	1671
	648	2	646	32975

Tuberculosis.—Of the beasts, 1 bull, 3 steers, 5 heifers and 12 cows were found to be diseased to such an extent that the whole carcases were destroyed. 116 parts of beasts were also found to be tuberculous, 4 calves and 7 parts, 44 pigs and 148 parts of pigs were also found to be tuberculous.

OTHER FOODS SEIZED OR SURRENDERED IN 1910.

190 turkeys; 1 goose; 60 Australian rabbits; 8cwt. of potatoes; 1 ton 10cwts. of carrots; 27 boxes and 1 case of oranges; 7 baskets of grapes; 4 barrels and 4 boxes of Tasmanian pears; 1 crate of asparagus; 20 cases of cucumbers; and 7 boxes of tomatoes.

In addition to the above, 9 mackerel, 12 fillets of haddock, and 2 kippers were condemned by a Justice of the Peace.

Two butchers were each fined £15 and costs for exposing diseased pork for sale.

One cattle dealer was fined £15 and costs for selling diseased pork to a butcher.

One fish hawker was fined 40s. and 16s. 6d. costs for exposing unsound fish for sale at the Fish Market.

SALE OF FOOD AND DRUGS ACTS.

Number of samples collected			535
,, ,, not genuine			36
,, prosecutions			7
,, convictions			3
,, dismissed on payment of costs			2
,, dismissed without costs			2
Aggregate amount in fines	£6	10	0
Analyst's fees recovered	1	10	6
	£8	0	6
Cost of samples	£3	15	1½
Cost of assistance, postage and railway fares	6	13	6½
Cost of Analysis	192	16	6
Analyst's Salary	50	0	0
	£253	5	2
Fines and Analyst's Fees Recovered	8	0	6
Net cost of Working the Acts	£245	4	8

One milk seller was fined 20s. and costs; two were dismissed on payment of costs, with Analyst's fees, 5s.

One provision dealer was fined 10s. and costs, and five shillings towards the Analyst's fee, for having exposed for sale Margarine without being labelled.

A wholesale vinegar merchant was fined £5 and costs, with Analyst's fee, 10s. 6d., for issuing a false warranty to a retail dealer.

OTHER SAMPLES COLLECTED DURING 1910.

Seventeen samples of milk were collected and examined at the Lister Institute of preventive medicine for the presence of tubercle bacilli.

On examination no tubercle bacilli was found in any of the above samples. In consequence of these negative results no cows were examined during the year.

Seventeen samples of milk were collected at the Railway Stations for the presence of dirt. One sample was found to contain pus cells.

The farmer was advised and warned as to the condition of the milk.

SALE OF FOOD AND DRUGS ACT, 1875-1899.

Statement of prosecutions and other action taken in the County Borough of Brighton, during the year 1910.

No. of Sample.	Article Analysed.	Nature and extent of Adulteration.	Result of Prosecution or other action taken.
19 I.	Butter	Contained 22 per cent. of water	Protected by label "Peark's Milk-Blended Butter."
56 I.	Milk	Deficient in fat, 6·7 per cent.	Seller cautioned.
87 O.	Milk	Deficient in fat, 10 per cent.	Dismissed. No guilty knowledge.
102 I.	Spirit of Nitre	Gives slightly low figures for Ethyl nitrate. It is a substance difficult to keep up to its full strength; gradually decomposing.	No action.
103 I.	Spirit of Nitre	Ditto.	No action.
106 I.	Compound Rhubarb Powder	Slightly deficient in magnesia, otherwise genuine.	No action.
107 I.	Compound Rhubarb Powder	Ditto.	No action.
133 I.	Condensed Milk	This sample gave 8 per cent. of fat, 11·8 per cent. of proteids, equal to 2·3 per cent. of fat in original milk	In consequence of this result, No. 175 condensed milk was purchased officially. No. 175 was found to be genuine.
149 O.	Milk	Deficient in fat, 16·7 per cent.	Fined 20s. and costs. Analyst's fees, 5s.
162 I.	Beef	Trace of formalin.	No action.
176 I.	Beef	Three parts of formalin in 100,000 parts of meat.	No action.
179 I.	Milk	Deficient in fat, 6·7 per cent.	Cautioned.
186 I.	Milk	Deficient in fat, 6·7 per cent.	Cautioned.
209 O.	Milk	Adulterated with added water, 2·4 per cent.	Cautioned.
233 I.	Pine Apple tinned	Contained tin, 2·8 grains per lb.	No action.
234 I.	Suet "Caul"	12 grains per lb. boric acid.	Cautioned by circular letter.
235 I.	Suet "Caul"	49 grains per lb. boric acid.	Ditto.
253 I.	Suet "Caul"	Contains over 30 grains per lb. of boric acid.	Ditto.
254 I.	Suet "Caul"	Ditto.	Ditto.
255 I.	Suet "Caul"	Ditto.	Ditto.
256 I.	Suet "Caul"	Contains 135 grains per lb. of salt.	Ditto.
257 I.	Suet "Caul"	Contains over 30 grains per lb. of boric acid.	Ditto.
280 I.	Milk	Deficient in fat, 16·7 per cent.	Cautioned. Official sample taken, genuine.
281 I.	Milk	Adulterated with 19·29 per cent. of added water.	Cautioned. Official sample taken, genuine.
287 I.	Cream	Label stated "No Preservative." It however, contained 10·5 grains per lb. of borax.	No action.
309 I.	Milk	Deficient in fat, 10 per cent.	Cautioned. Official sample taken, genuine.
317 O.	Malt Vinegar	Admixture of malt vinegar and pyroligneous acid.	Fined £5 and costs, and Analyst's fee, 10s. 6d.
320 I.	Milk	Deficient in fat, 6 per cent.	Cautioned. Official sample taken, genuine.
366 I.	Butter	Contains small quantity of cocoa nut oil.	Cautioned. Official sample taken, genuine.

Statement of prosecutions and other action taken in the County Borough of Brighton, during the year 1910.—(Continued).

No. of Sample.	Article Analysed.	Nature and extent of Adulteration.	Result of Prosecution or other action taken.
378 I.	Spirit of Nitre	40 per cent. deficient in Ethyl nitrate.	No action taken, as spirit of nitre is very liable to become deficient in ethyl nitrate by evaporation.
392 I.	Milk	Adulterated with 6·6 per cent. of added water.	Cautioned. Official sample taken, genuine.
431 I.	Milk	Deficient in fat, 23·4 per cent.	See official sample No. 462.
462 O.	Milk	Deficient in fat, 6·7 per cent.	Dismissed on payment of costs, including Analyst's fee, 5s.
477 O.	Milk	Deficient in fat, 6·7 per cent.	Dismissed on payment of costs, including Analyst's fee, 5s.
		Butter and Margarine Act, 1907.	
418 I.	Margarine	Handed to purchaser in plain wrapper.	See No. 448.
448 O.	Margarine	Exposed for sale without being labelled.	Fined 10s. and costs, including 5s. towards Analyst's fees. Note—No. 418 was sold as butter at 1s. 2d. per pound.

I. = Informal Sample. O. = Official Sample.

PUBLIC ANALYST'S REPORT.

By MEREDITH WYNTER BLYTH, B.A., B.Sc., F.I.C.

Table shewing the result of the analysis of samples taken under the Sale of Food and Drugs Act during the year 1910.

Samples of	Number of Samples.	Adulterated.	Percentage of Adulteration.	Nature of Adulteration.
Milk	320	14	4.37	Abstraction of fat. Addition of water.
Butter	103	2	1.94	100 per cent. margarine.
Margarine ...	17	—	—	
Condensed Milk ...	7	—	—	
Cream	4	1	25.0	Contained a preservative.
Cheese	4	—	—	
Lard	18	—	—	
Vegetable Lard ...	2	—	—	
Suet	8	1	12.5	48 grains per lb of boric acid.
Beef	2	2	100.0	Both samples contained formic aldehyde.
Flour	1	—	—	
Ginger	2	—	—	
Vinegar... ...	1	1	100.0	Contained pyroligneous acid.
Pepper	2	—	—	
Mustard ...	2	—	—	
Olive Oil ...	9	—	—	
Soup	1	—	—	
Oil of Turpentine...	2	—	—	
Beeswax ...	2	—	—	
Brandy	2	—	—	
"Victory Gums"	1	1	—	Contained 0.6 per cent. chloroform.
Lime Water ...	2	—	—	
Drugs	21	1	4.75	Sweet spirit of nitre below standard in ethyl nitrate.
Tinned Fruit ..	2	—	—	
1910 Total ...	535	23	4.30	
1909 ,, ...	554	12	2.16	
1908 ,, ...	501	53	10.57	
1907 ,, ...	506	50	9.88	
1906 ,, ...	501	61	12.17	
1905 ,, ...	503	60	11.92	
1904 ,, ...	501	47	9.38	
1903 ,, ...	507	92	18.14	
1902 ,, ...	502	114	22.70	
1901 ,, ...	490	93	18.97	

Milk.—The following table shews the amount of adulteration of milk, and the percentage of fat during 1910 and the three previous years.

Year.	Total Milk Samples.	Adulterated.	Per centage of Adulteration.	Average per centage of Fat.
1907 ...	326 ...	30 ...	9·20 ...	3·47
1908 ...	375 ...	48 ...	12·80 ...	3.51
1909 ...	342 ...	7 ...	2·04 ...	3·51
1910 ...	320 ...	14 ...	4·37 ...	3·56

Table shewing total samples of Milk analysed, and proportion watered or deficient in fat from 1900 to 1910.

			Total Samples.	Below Standard.	Per cent. below Standard.	Average per cent. of Fat.
Week day Samples	Wholesale,	1900-1909 ...	794 ...	35 ...	4.25 ...	3.59
	,,	1910 ...	78 ...	1 ...	1.28 ...	3.45
	Retail,	1900-1909 ...	1890 ...	204 ...	10.80 ...	3.52
	,,	1910 ...	230 ...	12 ...	4.12 ...	3.55
Sunday Samples	Wholesale,	1900-1909 ...	36 ...	— ...	— ...	3.83
	,,	1910 ...	— ...	— ...	— ...	—
	Retail,	1900-1909 ...	374 ...	32 ...	8.55 ...	3.53
	,,	1910 ...	12 ...	1 ...	8.33 ...	3.67

Dairy products other than milk.—Two samples of butter were found to consist of margarine; one sample of butter had an excessive amount of water, and one contained a small quantity of cotton seed oil.

The samples of cream all contained small quantities of boric acid; one however, was stated to be free from preservatives, but was found to contain 10.5 gr. per lb. of boric acid.

Other Samples.—Of 8 samples of suet examined, 5 contained 30 grains per lb. of boric acid; one 12 grains per lb., and one 49 grains per lb. of boric acid. This latter has been classed as containing an excessive quantity.

Two pieces of beef were examined. These were said to have been preserved by the "Lindley" process. One contained traces of formic aldehyde, the other three parts of formic aldehyde in 100,000 parts of the meat. Formic aldehyde is a volatile substance which it is difficult to detect in organic substances after a few days time, so that the original quantity of formic aldehyde used upon these pieces of meat was probably very much more than that found by analysis.

One sample of tinned pineapples was found to contain 2.8 grains per lb. of tin. It is well known that all fruits and meats in tins have a certain action on the metal and dissolve it. The longer the fruit has been tinned the more metal it usually contains. It has been suggested by the Local Government Board that the maximum quantity of tin should be fixed at 2 grains per lb. It has lately been suggested that in the case of canned or tinned goods the date of filling the tin or can should be stamped upon the goods. This appears to be both a practical and desirable suggestion, if it were further combined with definite legislation with regard to the quantity of tin allowable, the public would have a much-needed safeguard.

THE LOCAL ADMINISTRATION OF ACTS RELATING TO FACTORIES, WORKSHOPS, WORKPLACES, BAKEHOUSES, OUTWORKERS, SHOP HOURS, SHOP SEATS AND THE EMPLOYMENT OF CHILDREN.

The Inspections under these Acts are made by Inspector Mills.

The number of Factories, Workshops and Workplaces inspected is slightly above that of last year.

Fewer inspections were made of shops, but more attention was given to the work under the Employment of Children Act. (See page 136).

A smaller number of visits were made to outworkers premises as the whole of these were visited last year.

Many complaints were received from those interested in shop assistants, regarding the long hours worked, the irregularity of meals, and the short time allowed off.

It has been pointed out in previous reports that there is no power to deal with these causes of complaint, and further legislation is undoubtedly needed to render the work of female and young shop assistants less arduous.

Night inspections were made of bakehouses, shops employing children, and places of public entertainment, where children are employed under licence.

3,958 visits were made for the purpose of carrying out the various Acts, of these 2,823 were for the purpose of inspection, and 1,125 for the purpose of serving notices and looking up works, etc.

The following figures shew the number of inspections made, and also the proportion of work under each Act:—

	On Register.	Inspections made.	
Factories	266	72	
Workshops	2,159	805	Include 42 night inspections.
Workplaces	150	57	
Shops	4,600	1,889	Include 62 night inspections.
	7,175	2,823	

The visits to workshops include 330 inspections of bakehouses, and 103 inspections of outworkers premises.

The visits to shops include 280 in connection with irregularities under the Employment of Children Act, the remainder being inspections under the Shop Hours' Act, 1892-5, Shop Hours' Act, 1904, "Closing Order" and the Seats for Shop Assistants' Act, 1899.

The following alterations have been made in the register of Factories and Workshops:—

	Closed.	Added.
Factories	0	6
Workshops	36	75

In accordance with the requirements of Factory and Workshop Act, 1901, section 127, the following notices of occupation of new workshops has been sent in by H.M. Inspector.

Dressmaking	11
Tailoring	8
Laundries	7
Millinery	7
Bootmaking	2
Glass Blower	1
Watchmaker	1
Wheelwright	1
Baker	1
Florist	2
Corset Maker	1
Total	42

In accordance with the requirements of the Factory and Workshop Acts, section 133, the following notices of workshops and factories in which no abstracts were shewn were forwarded to H.M. Inspector:—

Dressmakers	4
Motor Works	2
Tinsmith	1
Laundry	1
Cycle Maker	1
Bootmakers	2
Baker	1
Glass Blower	1
Total	13

The registered workshops are grouped as follows:—

Making of wearing apparel	1199
Laundries	162
Building Trades	186
Bakehouses	131
Furnishing Trades	136
Other Trades	345
Total	2159

The registered factories include the following:—

Railway Works	—
Printers, Bookbinders and Paper Bag Makers	58
Laundries, Dyers and Cleaners	38
Builders and Joinery Works	15
Brewers and Beer Bottling	15
Upholstery, Cabinet Making and Bedding	12
Mineral Water Factories	12
Motor, Coach and Cycle Works	17
Saw Mills and Firewood	9
Cutlery and Grinding	7
Provisions and Preparation of Food	14
Milling	3

Iron and Brass Foundries	5
Electro Plating	5
Other Factories	56
Total	266

The following complaints have been received from H.M. Inspector respecting nuisances and defects in Factories and Workshops:—

Defective W.C.'s	7
Workrooms requiring whitewashing	3
Defective ventilation	3
W.C.'s foul	2
Insufficient W.C. Accommodation	1
Workroom overcrowded	1
Total	17

MEANS OF ESCAPE IN CASE OF FIRE.

Several complaints have been made by H.M. Inspector of the inadequate means of escape in case of fire in certain Factories and Workshops. These were all inquired into, but in each case, as there were less than 40 persons employed, structural alterations to remedy the danger could not be enforced. The occupiers of the premises where the danger existed had their attention drawn to it, and in some cases they have carried out the suggestions made by Inspector Mills, but in all cases which would have necessitated considerable expense nothing has been done.

The difficulty was pointed out to H.M. Inspector, and he replied that all towns had power to make Bye-laws governing this matter, and in reply to a request from the Surveyor the following information as to the situation of workrooms was furnished:—

SITUATION OF WORKROOMS.

Basement	670
Ground floor	1631
First floor	1254
Second floor	395
Third floor	65
Fourth floor	9
Total Workrooms	4024

Three complaints have been received and forwarded to H.M. Inspector in respect of irregularities in Factories and Workshops, not remediable under the Public Health Act.

OUTWORKERS.

106 lists have been sent in, but 84 letters had to be sent to the employers reminding them of their duty in this respect; 103 homes were visited, and there are at present 514 outworkers homes on the Register, a complete inspection and full report of the conditions under which these work was given in my report of last year.

BAKEHOUSES.

330 inspections were made and 52 breaches of the special regulations were dealt with.

One application was received from the owner of an underground bakehouse that had not been in use for some years for a certificate under section 101 of the Factory and Workshop Act. A detailed statement of the alterations necessary was sent to the owner, and these were carried out satisfactorily and the Certificate has been granted.

The subjoined particulars formed part of a special report on bakehouses, made at the request of the Secretary of State.

The bakehouses may be classified in the following ways:—

Factories ...	4	Ground or upper floor	45
Workshops ...	127	Underground	90
Bakehouses ...	131	Baking rooms	135

Make both bread and pastry	126
Make bread only	2
Make pastry only	3
	131

The total number of persons employed in bakehouses, including working employers is 415. How these are distributed is shewn in the table below:—

Number of Bakehouses	6	54	36	20	6	2	2	2	1	1	1
Number of persons working in them	1	2	3	4	5	6	7	8	12	13	16

POINTS FOR REPORT.

"1. *Temperature.*—Bakers of experience say that if the temperature is allowed to fall the dough is more difficult to work, and the loaves are "heavy and unsatisfactory." Consequently, in the immediate interests of the worker and salesman a high temperature is maintained. Six of the bakehouses, having "steam ovens," have to be stoked in the open air, and the dampers have to be attended to in the open air. Whilst the bread is in the oven, I am informed, the damper may require attention five or six times in an hour. Some member of the staff, lightly clad in his vest and trousers, has to undertake this duty, and even although he may throw on a jacket before going out into the open, the frequent and sudden changes of temperature must lead to chills and colds.

2. *Ventilation.*—The maintenance of a high temperature, and the fear of draughts lead to the obstruction, in every possible way, of ventilation. Repeatedly the ventilating shafts are found blocked with sacking, and even the crevices under the doors and between the window sashes are found carefully blocked. It must be understood that the table below refers to *available* and not to actual means of ventilation.

Available means of ventilation by windows and tubes, not by external doors.

Superficial feet.	5 and under.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 and above.
Number of Bakehouses.	4.	25.	21.	37.	23.	14.	7.	3.	1.

When one remembers the small cubic space legally required for each employee in a bakehouse, and that the available ventilation is not only not

used, but on the contrary is usually reduced as much as possible, one cannot wonder at the deleterious atmosphere resulting, not only from the respiration of the bakers themselves, but from the fumes from the gas and the fires when the dampers are in use. It is true that in "steam" ovens the sulphur fumes usually escape into the open air, it is also true, in brick ovens, vents are provided for the fumes to pass along when the fires are damped, but most bakers agree that these vents are inefficient or are usually not in working order.

3. *Lighting.*—Brighton bakehouses are well-lighted, and on a bright day, even in the underground bakehouses, the newspapers can be read at the most distant points from the windows.

Natural Light by Prisms and Windows.

Superficial feet.	Under 10.	10 to 15.	15 to 20.	20 to 25.	25 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 and above.
Number 135.	1.	10.	20.	18.	18.	23.	15.	10.	6.	7.	7.

Artificial Light. By electricity, 15. By gas, 120.

One reason given for the preference of gas is that the bracket can more easily be turned into the oven.

The height of the majority of the bakehouses is most satisfactory, as will be seen from the following table:—

Height.	7ft. to 7ft. 6in.	7ft. 6in. to 8ft.	8ft. to 8ft. 6in.	8ft. 6in. to 9ft.	9ft. to 10ft.	10ft. and above.
Number 135.	3.	35.	42.	19.	24.	12.

Cubic Space.

Cubic feet.	Under 1000	1000 to 1500	1500 to 2000	2000 to 2500	2500 to 3000	3000 to 4000	4000 to 5000	5000 to 6000	6000 to 7000	7000 to 8000	9000 to 10000
Number 135.	2.	16.	29.	34.	24.	16.	10.	1.	1.	1.	1.

FLOORS AND WALLS.

3 have wooden floors.
67 have brick floors.
85 have cement floors.

The walls and ceilings are generally plastered. Two bakehouses have walls of glazed bricks; six are tiled; several are partly tiled; four have painted walls; two have no ceiling, but tongued flooring above; six have boarded ceilings.

The floors are generally kept in good condition, but cement floors, laid whilst the bakehouse is in use, are liable to a continual breaking up of the surface.

Bakers prefer brick to cement floors; they say that the former are less tiring to the feet.

Cleanliness of floors, walls, tables, utensils, etc. The greatest difficulty in the above respects is experienced in those bakehouses where a large trade in pastry and small goods is done. The dropping of butter, sugar and jam upon the floors; the untidiness caused by egg-shells, jam-pots, tins, etc.; the dirty state of the material used and the utensils employed, are the most unsatisfactory features.

Storage.—80 bakerooms have separate flour and provision stores. 75 have their stores within the bakehouse.

Drainage.—All the premises are drained into the sewers. No drains open within the bakehouses, except a few gulleys which, however, discharge their contents over another trap outside.

Lavatories.—Generally there is only a stoneware sink in or near to the bakehouse with a waste pipe discharging outside. A few of the larger bakehouses have mess-rooms and washing conveniences especially for the men.

Latrines.—These are invariably water closets in the yard or area.

10. *Sanitary Environment.*—This cannot be much improved upon in existing bakehouses, except at great cost.

11. *Health of Employees.*—This has been dealt with under the headings of temperature and ventilation. The health of bakers could no doubt be improved by enforcing better ventilation and a larger cubic space per employee. Seeing that it will always be difficult to enforce good ventilation, it would be of the greatest benefit to the workers if a compulsory limit as to the number of hours of night work were fixed by Act of Parliament. A limit of nine hours work, with two and a half hours for meals for all nights, excepting Friday, would lessen the present hours of work, and would lead directly to a material improvement in the health of the bakers. On Friday, an additional two hours of work might have to be allowed.

12. It would be an advantage if Sanitary Authorities issued certificates for *all* new bakehouses before they were occupied. New bakehouses should include all bakehouses not used as such for a period of three months.

SHOP HOURS ACTS, 1892-5.

Several complaints were received during the year of excessive hours worked by young shop assistants. All of these were inquired into, and written statements taken from the employees.

In two cases the 74 hours allowed by the Act were stated to have been exceeded; in one case $74\frac{3}{4}$ hours had been worked, but the lads statements did not agree with the time book kept by the Manager, and no action was taken.

In the other case the boy had been employed in a restaurant for 90 hours, but a day or two after these facts were discovered the occupier closed the premises and disappeared.

Thirty-five shops, employing persons under 18 years, were found without the necessary Abstract exhibited, and copies of the Abstract were served on all of these.

SHOP HOURS ACT, 1904.

Only one closing order, relating to hairdressers, is in force under this Act. These have been regularly visited and found complying generally with the Act, but one or two have had to be warned in respect of slight irregularities.

SEATS FOR SHOP ASSISTANTS ACT, 1899.

Thirty shops, in which more than three female assistants are employed, were visited during the year, and were all found provided with seats.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—*Inspection.* *Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.*

Premises. (1)	Number of Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories ... ... (Including Factory Laundries).	72	10	—
Workshops... ... ... (Including Workshop Laundries).	805	52	—
Workplaces ... ... (Other than Outworkers' premises included in Part 3 of this Report).	57	9	—
Total	934	71	—

2.—*Defects found.*

Particulars. (1)	Number of Defects. Found (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
Nuisances under the Public Health Acts :—*				
Want of cleanliness...	22	22	—	—
Want of ventilation	9	9	—	—
Overcrowding	2	2	—	—
Want of drainage of floors	7	7	—	—
Other nuisances	16	16	—	—
†Sanitary Accommodation — insufficient ...	5	4	—	—
†Sanitary Accommodation — unsuitable or defective	25	24		—
†Sanitary Accommodation — not separate for sexes	4	4	—	—
Offences under the Factory and Workshops Acts :—				
Illegal occupation of underground bakehouse (S. 101)	—		—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	52	50	—	—
Other offences ... ... (Excluding offences relating to outwork which are included in Part III. of this Report).	2	2	—	—
Total	144	140	—	—

* Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

†Sec. 22 of the Public Health Acts Amendment Act is in force in Brighton.

3.—*Home Work.*

Nature of work.*	Outworkers' Lists, Section 107.								Number of Inspections of Outworkers' Premises.	Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
	Lists received from Employers.				Number of Addresses of Outworkers received from other Councils.	Number of Addresses of Outworkers forwarded to other Councils.	Prosecutions.								
	Twice in the year.		Once in the year.				Failing to keep or permit inspection of lists.	Failing to send lists.		Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110).	Prosecutions (S. 109, 110).
	Lists.	Outworkers.	Lists.	Outworkers.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel—															
(1) Making, &c.	95	689	2	8	90	34	—	—	98	—	—	—	9	—	—
Furniture and Upholstery	3	20	—	—	—	—	—	—	5	—	—	—	—	—	—
Other Trades ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	98	709	2	8	90	34	—	—	103	—	—	—	9	—	—

* Where an occupier gives out work of more than one class, each class is separately enumerated.

4.—*Registered Workshops.*

Workshops on the register (s. 131) at the end of the year. (1)	Number. (2)
Making of wearing apparel	1199
Bakehouses	131
Laundries	162
Furnishing Trades	136
Building Trades	186
Other Trades	345
Total number of workshops on Register	2159

5.—*Other matters.*

Class. (1)		Number. (2)
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (S. 133)		13
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) ...	Notified by H.M. Inspector	17
	Reports (of action taken) sent to H.M. Inspector	17
Other		7
Underground Bakehouses (S. 101) :—		
Certificates granted during the year		1
In use at the end of the year		90

TABLE I.—*(Vital Statistics of Brighton during* 1910 *and previous years).*

Year.	Population estimated to Middle of each Year.	Births.		Deaths under One Year of Age.		Deaths at all Ages. Total.		Deaths in Public Institutions.	Deaths of Non-residents registered in public institutions within the Borough.	Deaths of Residents registered in public institutions beyond the Borough.	Deaths at all Ages Net.	
		Number.	Rate	Number	Rate per 1,000 Births registered.	Number.	Rate				Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1900 ...	122,860	2920	23.8	484	166	—	—	501	—	—	—	—
1901 ...	123,668	2984	24.1	483	162	2085	16.8	485	68	—	2025	16.4
1902 ...	124,539	3072	24.3	387	125	2052	16.2	525	92	15	1975	15.7
1903 ...	125,405	3046	24.3	348	114	1833	14.6	458	72	8	1769	14.1
1904 ...	126,286	2963	23.5	395	133	2156	17.1	516	96	7	2060	16.3
1905 ...	127,183	2901	22.8	297	102	1739	13.6	462	94	51	1696	13.3
1906 ...	128,095	2853	22.3	317	111	1887	14.7	499	86	60	1861	14.53
1907 ...	129,023	2710	21.0	301	111	1895	14.69	534	71	71	1895	14.69
1908 ...	129,976	2809	21.2	293	104	1956	14.77	526	75	70	1951	14.73
1909 ...	130,926	2675	20.4	255	95	2013	15.37	551	95	77	1997	15.25
Averages for years 1900-1909	126,796	2893	22.7	356	122	—	—	506	—	—	—	—
1910 ...	131,900	2612	19.8	289	111	1923	14.58	505	95	57	1885	14.29

TABLE II.

Ward.	Births in 1910.	Number of Deaths during 1910.																	
		All causes.	Deaths under one year.	Small Pox.	Scarlet Fever.	Influenza.	Diphtheria.	Enteric Fever.	Measles.	Whooping Cough.	Diarrhœa.	Enteritis.	Puerperal Fever.	Erysipelas.	Phthisis.	Other Tubercular Diseases.	Cancer.	Bronchitis and Pneumonia.	All other Respiratory Diseases.	Premature Birth.
King's Cliff	95	92	11	—	1	3	1	1	3	—	1	2	—	—	7	3	10	12	—	3
Queen's Park	164	155	15	—	—	2	—	—	16	—	5	4	—	—	19	3	15	14	3	2
Pier	176	168	34	—	—	1	—	—	10	2	8	3	—	—	20	7	15	24	1	5
Pavilion ...	77	59	5	—	—	2	—	1	2	—	—	—	—	—	2	2	6	6	1	—
Regency ...	80	114	12	—	1	1	—	1	1	1	2	—	—	—	6	2	8	14	2	3
West ...	42	73	—	—	—	3	1	1	—	—	—	1	—	—	4	3	12	7	2	—
Montpelier ...	92	82	8	—	1	3	—	—	—	—	—	2	—	—	8	1	11	12	2	1
St. Nicholas	203	131	24	—	1	1	—	1	3	3	4	2	—	—	9	6	17	22	1	2
St. John's ...	312	187	39	—	—	—	—	1	19	3	4	3	1	—	12	7	20	38	4	3
Hanover ...	291	184	39	—	1	—	—	2	15	2	5	—	1	—	13	10	8	37	3	6
Lewes Road	417	211	53	—	—	4	—	—	7	5	11	1	—	1	16	10	18	35	1	7
St. Peter's ...	139	115	19	—	—	2	—	—	2	1	2	2	—	1	8	4	11	25	2	1
Preston Park	241	130	12	—	1	3	—	—	2	2	1	4	—	—	4	2	17	15	3	2
Preston ...	283	178	18	—	—	1	—	1	—	—	4	4	2	—	15	8	25	17	4	2
Asylum (persons with no address) ...	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2612	1885	289	—	6	26	2	9	80	19	47	28	4	2	143	68	193	278	29	37

The above total number of deaths includes 5 due to drowning in the sea. whose home addresses were not in Brighton.

Of the 225 deaths in the Workhouse, 3 were of children who were born in the Workhouse.

The Queen's Park Ward contains the Workhouse. Where the information was obtainable, deaths in this Institution have been distributed to the Wards from which the patients were removed to the Workhouse. There remain 21 deaths (out of the 155 in the Queen's Park Ward) which occurred in the Workhouse, of patients whose address was unknown. Of these 5 were due to phthisis.

The 92 deaths in the Montpelier Ward do not include the deaths of the number of children occurring in the Children's Hospital, whose home addresses were known, these being stated in the Wards to which they belong.

TABLE III.

INFANTILE MORTALITY DURING THE YEAR 1910.—*Deaths from stated Causes in Weeks and Months under One Year of age.*

Causes of Death.		Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified	52	11	11	9	83	26	32	26	16	12	15	19	16	14	17	13	289
	Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Common Infectious Diseases.	Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chicken-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles	—	—	—	1	1	—	—	1	1	—	—	—	2	1	5	3	14
	Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria (including Membranous Croup)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping Cough	—	—	—	—	—	2	2	2	—	—	—	2	1	3	—	—	12
Diarrhœal Diseases.	Diarrhœa, all forms	—	—	—	1	1	2	4	2	3	1	2	5	1	1	4	1	27
	Enteritis, Muco-enteritis, Gastro-enteritis	—	—	1	1	2	3	6	2	2	—	—	—	—	—	1	—	16
	Gastritis, Gastro-intestinal Catarrh	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2
Wasting Diseases.	Premature Birth	27	5	2	—	34	1	—	—	—	—	—	—	1	—	1	—	37
	Congenital Defects	8	1	1	1	11	—	—	—	1	1	1	—	—	—	—	—	14
	Injury at Birth	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
	Debility at Birth	5	—	1	—	6	—	1	—	—	—	—	—	—	—	—	—	7
	Atelectasis	5	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	5
	Atrophy, Debility, Marasmus	4	3	5	2	14	5	6	7	5	2	1	2	2	2	—	2	48
Tuber-culous Diseases.	Tuberculous Meningitis	—	—	—	—	—	—	—	1	1	2	—	1	1	—	1	—	7
	Tuberculous Peritonitis: Tabes Mesenterica	—	—	—	—	—	—	1	2	—	—	—	—	—	1	—	—	4
	Other Tuberculous Diseases	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	3
Other Causes.	Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Syphilis	1	1	—	—	2	1	1	—	—	1	—	—	—	—	—	1	6
	Rickets	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	Meningitis (*not Tuberculous*)	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	3
	Convulsions	—	—	—	—	—	—	2	—	—	2	1	—	—	1	—	—	6
	Bronchitis	—	—	—	1	1	2	—	2	—	2	2	2	3	—	—	1	15
	Laryngitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	Pneumonia	—	1	—	1	2	6	4	5	1	—	5	3	3	3	4	2	38
	Pleurisy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Suffocation, overlying	—	—	—	1	1	1	1	—	—	1	—	—	—	—	—	—	4
	Other causes	1	—	1	—	2	2	—	1	2	—	2	1	2	2	1	2	17
Total		52	11	11	9	83	26	32	26	16	12	15	19	16	14	17	13	289

TABLE IV.

Cause of Death.	Deaths at all Ages.	Death Rate per Million.	Age at Death. 0-1 M.	0-1 F.	1-2. M.	1-2. F.	2-3. M.	2-3. F.	3-4. M.	3-4. F.	4-5. M.	4-5. F.	5-10. M.	5-10. F.	10-15. M.	10-15. F.	15-20. M.	15-20. F.	20-25. M.	20-25. F.	25-35. M.	25-35. F.	35-45. M.	35-45. F.	45-55. M.	45-55. F.	55-65. M.	55-65. F.	65-75. M.	65-75. F.	75-85. M.	75-85. F.	85+ M.	85+ F.	Total. Males.	Total. Females.	Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
Measles	80		5	9	10	16	6	8	2	10	2		4	7		1																	29	51	11
Scarlet Fever	6							1	2			1		1										1									2	4	3
Influenza	26		2			1															1		1		2	1	4	2	3		4	2		3	17	9	4
Whooping Cough	19		5	7	1	2	2							2																			8	11	
Diphtheria	2						1						1																					2		1
Enteric Fever	9												1								2	3	1		1					1				5	4	8
Diarrhœa	47		16	11	4	7	2									1								1				3		1		1	23	24	4
Tetany																																			1
Syphilis	6		3	3																													3	3	3
Gonorrhœa	1																									1							1		
Erysipelas	2																				1							1						1	1	2
Puerperal Fever	4																		1		3														4	3
Pyœmia Septicœmia	4																						1		2				1					3	1	4
Ulcerative Endocarditis	4																		1		1		1							1				1	3	2
Other Septic Diseases	5																				1									2	1		1	1	4	3
Malarial Fever	1																				1													1		
Rheumatic Fever	7										1		1			2					1		1	1										3	4	3
Tubercular Meningitis	26		3	4	4	1	4			2	1	1	1		1	1	1			2														15	11	10
Tuberculosis of Larynx	2																		1											1				1	1	
Tuberculosis of Lungs	143				1						1			3		2	3	2	7	8	17	13	19	17	23	6	8	7	3	3				82	61	47
Tuberculosis of Intestines	12		3	1	2		1	1										1		1							1	1						7	5	7
Tuberculosis, General	11			1		1		2	1				1	1				2							1					1				3	8	8
Tuberculosis, other Forms	17		1	1		1			1						2	1		2			1		2		1	1		1	2					10	7	8
Alcoholism—Acute	2																								1			1						1	1	
Alcoholism—Chronic	9																				1		2		2	1		1	1	1				3	6	2
Rheumatoid Arthritis	8																								1		2	1		3	1				3	5	2
Gout	2																												1		1				2	
Cancer	193		1						1						1						2		4	6	12	20	24	30	25	39	6	21	1		75	118	64
Diabetes Mellitus	21																				2			3	3	1	3	2	2	1	2	2			10	11	6

TABLE IV.

Cause of Death.	Deaths at all Ages.	Death Rate per Million.	Age at Death. 0-1 M.	0-1 F.	1-2. M.	1-2. F.	2-3. M.	2-3. F.	3-4. M.	3-4. F.	4-5. M.	4-5. F.	5-10. M.	5-10. F.	10-15. M.	10-15. F.	15-20. M.	15-20. F.	20-25. M.	20-25. F.	25-35. M.	25-35. F.	35-45. M.	35-45. F.	45-55. M.	45-55. F.	55-65. M.	55-65. F.	65-75. M.	65-75. F.	75-85. M.	75-85. F.	85+ M.	85+ F.	Total. Males.	Total. Females.	Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
Anæmia	11	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	2	...	...	1	...	1	1	...	...	...	...	8	3	3
Lymphadenoma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Premature Birth	37	...	28	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28	9	3
Injury at Birth	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Debility at Birth	7	...	5	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	1
Atelectasis	5	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...
Congenital Defects	15	...	6	8	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	9	5
Atrophy, Debility, Marasmus	53	...	23	25	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	24	29	10
Dentition	3	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1
Rickets	6	...	...	1	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	2
Old Age	122	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	5	15	26	34	10	29	42	80	32
Convulsions	9	...	3	3	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5	3
Meningitis	13	...	2	1	3	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	8	5	2
Encephalitis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Apoplexy	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	3	4	3	3	1	1	8	9	...
Softening of Brain	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	2	1	1
Hemiplegia, Brain Paralysis	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	2	...	1	...	1	1	7	1
General Paralysis of Insane	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1	5	...	...	2	2	...	...	...	...	...	11	3	1
Other Forms of Insanity	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Cerebral Tumour	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	2	1	...	...	...	...	...	...	...	...	3	3	1
Epilepsy	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	5	...	3
Locomotor Ataxy	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Paraplegia, Diseases of Spinal Cord	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	1	2	2	1	2	...	...	...	...	5	7	6
Other Nervous Diseases	24	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...	1	2	3	4	4	1	1	...	...	9	15	18
Otitis, Otorrhœa	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Pericarditis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Endocarditis, Valvular Diseases	71	...	...	...	1	...	...	...	...	...	...	...	...	...	2	2	1	3	3	...	...	3	2	2	2	5	8	7	4	16	4	5	1	...	28	43	16

TABLE IV.

Cause of Death.	Deaths at all Ages.	Death Rate per Million.	Age at Death. 0-1 M.	F.	1-2. M.	F.	2-3. M.	F.	3-4. M.	F.	4-5. M.	F.	5-10. M.	F.	10-15. M.	F.	15-20. M.	F.	20-25. M.	F.	25-35. M.	F.	35-45. M.	F.	45-55. M.	F.	55-65. M.	F.	65-75. M.	F.	75-85. M.	F.	85+ M.	F.	Total. Males.	Females.	Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
Angina Pectoris	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1	2	...	...	...	6	1	...
Aneurism	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	3	...	1	1	...	...	...	...	6	1	2
Senile Gangrene	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	2	...	1
Embolism, Thrombosis ...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	2	1	1	1	3	...	...	3	8	3
Cerebral Hœmorrhage ...	58	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	5	5	5	6	7	10	2	10	...	4	21	37	6
Fatty Heart	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	4	3	2	...	1	...	...	4	9	1
Dilatation of Heart	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3	...	...	2	2	...	...	...	7	3	1
Rupture of Heart	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...
Atheroma	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...	4	...	...
Other and Ill-defined Diseases of Heart and Circulatory System	104	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	1	...	3	4	4	6	16	16	12	18	8	10	2	1	48	56	30
Laryngitis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Bronchitis—Acute	47	...	7	7	2	5	2	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	1	3	3	2	5	3	2	...	...	20	27	8
Bronchitis—Chronic	82	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	4	4	6	18	11	22	4	10	27	55	16
Pneumonia, Lobar, Acute Pleuro	14	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	...	2	...	1	1	1	...	...	...	11	3	2
Pneumonia, Broncho... ...	53	...	12	9	3	8	2	5	1	...	...	...	...	2	...	...	...	...	...	...	...	1	1	1	...	...	1	2	...	1	1	3	...	...	21	32	12
Pneumonia (form not stated)	82	...	7	9	2	3	1	...	...	1	...	...	3	2	...	1	...	...	1	2	1	2	6	...	2	7	4	2	7	5	6	6	2	...	42	40	8
Emphysema, Asthma ...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	...	2	1	...
Pleurisy	15	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	2	...	1	...	2	1	...	3	1	1	...	...	8	7	2
Other and Ill-defined Diseases of Respiratory System...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	1	1	1	2	1	...	1	...	...	5	6	2
Diseases of Mouth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Diseases of Œsophagus ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
Ulcer of Stomach and Duodenum	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	1	2	1	1	1	...	1	...	...	8	4	6
Other Diseases of Stomach ...	9	...	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	1	...	1	...	1	1	...	...	...	3	6	1
Enteritis	28	...	8	8	...	1	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	3	...	2	...	1	1	...	...	1	10	18	4

TABLE IV.

Cause of Death.	Deaths at all Ages.	Death Rate per Million.	Age at Death. 0-1 M.	F.	1-2. M.	F.	2-3. M.	F.	3-4. M.	F.	4-5. M.	F.	5-10. M.	F.	10-15. M.	F.	15-20. M.	F.	20-25. M.	F.	25-35. M.	F.	35-45. M.	F.	45-55. M.	F.	55-65. M.	F.	65-75. M.	F.	75-85. M.	F.	85+ M.	F.	Total. Males.	Females.	Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
Appendicitis	6	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1	5	6
Obstruction of Intestine ...	9	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	2	...	2	...	...	...	9	10
Cirrhosis of Liver	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	1	...	1	1	...	1	4	...	1	2	...	5	9	2
Other Diseases of Liver ...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	2	...	...	...	...	1	4	2
Peritonitis	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	1	...	...	...	...	...	...	1	3	...
Other Diseases of Digestive System	4	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	2	2	...
Diseases of Lymphatic System and Ductless Glands ...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	2	2	1
Acute Nephritis	8	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1	1	...	1	...	...	...	...	...	...	...	7	1	8
Bright's Disease	45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	1	3	5	6	5	3	10	5	2	1	...	...	25	20	10
Calculus	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	...
Diseases of Bladder and Prostate	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	7	...	1	...	1	...	12	...	4
Pyonephrosis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
Other Diseases of Urinary System	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	3	...	1
Diseases of Ovaries	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	1
Diseases of Uterus and Appendages	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	3	3
Other Accidents and Diseases of Pregnancy and Childbirth	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	4	4
Diseases of Osseous System	3	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	4
Eczema	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	1	...	...	...	...	1	3	2
Diseases of Integumentary System	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Accidental— In Vehicular Traffic ...	4	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2	2	3

TABLE IV.

Cause of Death.	Deaths at all Ages.	Death Rate per Million.	Age at Death. 0-1 M.	0-1 F.	1-2. M.	1-2. F.	2-3. M.	2-3. F.	3-4. M.	3-4. F.	4-5. M.	4-5. F.	5-10. M.	5-10. F.	10-15. M.	10-15. F.	15-20. M.	15-20. F.	20-25. M.	20-25. F.	25-35. M.	25-35. F.	35-45. M.	35-45. F.	45-55. M.	45-55. F.	55-65. M.	55-65. F.	65-75. M.	65-75. F.	75-85. M.	75-85. F.	85+ M.	85+ F.	Total. Males.	Total. Females.	Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
Accidental *(contd.)*—																																				
On Railway	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Burns or Scalds	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	1	3	2
Poisons	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	2
Surgical Narcosis ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2
Drowning...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	...	1	...	1	1	...	...	...	...	...	5	2	...
Suffocation—Over-laying	4	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...
Suffocation—Otherwise...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...
Falls (not specified) ...	12	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	4	...	1	...	1	4	8	5
Weather Agencies ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Otherwise and not stated	4	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	2	2	3
Suicides—																																				
Poisons	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	...	3	...	1
Asphyxia (Gas)	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	1	...
Hanging and Strangulation	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3	...	1
Drowning...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Shooting	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...
Cut or Stab	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Other and Unspecified Means	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
Ill-defined and not specified	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	2	1
	1885	...	155	134	44	54	23	20	10	14	7	2	16	23	8	12	9	12	19	22	45	46	67	65	100	88	128	125	128	197	95	136	26	55	880	1005	505

This Table includes 40 Deaths of Brighton residents in the Haywards Heath Asylum.

TABLE V.—(*Local Government Board Table*).

Cases of Infectious Disease Notified during the Year 1910.

NOTIFIABLE DISEASE.	Cases Notified in Whole Borough.													Total Cases Notified in each Ward.													No. of Cases Removed to Hospital from each Ward.												
	At all Ages.	At Ages—Years.												1. Kemp Town	2. Queen's Park	3. Pier	4. Pavilion	5. Regency	6. West	7. Montpelier	8. St. Nicholas	9. St. John	10. Hanover	11. Lewes Road	12. St. Peter	13. Preston Park	14. Preston	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Under 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.																												
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—																												
Cholera	—	—	—	—	—	—	—	—	—	—	—	—																												
Diphtheria	151	2	39	61	19	13	4	8	3	2	—	—		11	11	9	3	13	4	8	9	15	12	24	2	14	16	10	8	6	2	13	4	8	8	15	11	22	2	12	12
Membranous Croup ...	—	—	—	—	—	—	—	—	—	—	—	—																												
Erysipelas	65	—	4	3	4	2	6	5	7	18	7	9		6	3	6	2	—	1	3	5	8	5	9	4	5	8													
Scarlet Fever... ...	163	1	36	67	32	11	7	7	2	—	—	—		7	10	6	5	8	2	14	10	18	6	17	9	20	31	3	9	6	5	8	1	9	9	17	6	17	8	18	23
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—																												
Enteric Fever ...	38	—	1	—	3	5	8	13	3	2	2	1		6	7	2	2	4	1	1	3	2	4	1	3	—	2	5	7	1	1	3	—	1	2	2	4	1	3	—	2
Relapsing Fever ...	—	—	—	—	—	—	—	—	—	—	—	—																												
Continued Fever ...	—	—	—	—	—	—	—	—	—	—	—	—																												
Puerperal Fever ...	9	—	—	—	—	—	2	6	1	—	—	—		1	—	—	—	—	—	—	—	4	—	—	1	2	1	1	—	—	—	—	—	—	1	—	—	1	1	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—																												

Annual Report

ON THE

MEDICAL INSPECTION, &c.,

OF

SCHOOL CHILDREN

OF THE

COUNTY BOROUGH OF BRIGHTON

FOR THE YEAR 1910.

BY

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AND

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BRIGHTON:
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1911.

GENERAL REVIEW OF THE PRINCIPAL DETAILS IN CONNECTION WITH ELEMENTARY EDUCATION IN THE DISTRICT.

The Borough of Brighton has an estimated population for 1910 of 131,900. The area of the district is 2,620 acres.

There are 17 provided schools, including one for mentally defective children, and 15 unprovided schools.

In the 32 schools there are 79 departments. The following table shews the chief factors in regard to attendance during 1910:—

Accommodation	...	...	19,278
No. on Registers	...	...	18,227
Average Attendance		...	16,340
% Attendance	...	...	89.6

Percentage of the average number of children in attendance to population = 12.3.

The number of children in the elementary schools, arranged according to age grouping, was, in 1909-1910:—

	"Provided" and "Non-Provided" Schools.				
Ages	3-4	4-5	5-14	over 14	Totals.
Boys' Departments ...	—	—	5195	88	5283
Girls' Departments ...	—	—	4925	64	4989
Mixed Departments...	28	63	1534	2	1627
Infants' Departments	343	1171	4884	—	6398
TOTALS	371	1234	16538	154	18297
Previous Year ...	326	1152	16754	139	18371

Percentage of children under 5 years of age ... 8.7 { Provided Schools 7.5. Non-Provided Schools 11.6.

Previous year ... 8.04.

The rateable value of the Borough (1908); £892,410: the Education Rate for 1910-1911 is 1s. 3½d. in the £.

The following table shews the cost of medical inspection and treatment for elementary school children in the year 1910-1911:—

Cost per child in average attendance	...	...	9.6d.
Cost as decimal of 1d. rate	...	...	·19d. *i.e.*, 1-5d.

This includes practically all expenses incurred by the Medical Inspection Department of the Education Office.

All schools are now supplied with height standards; 23 schools have weighing machines.

The Annual Report has been written in accordance with the form prescribed in Circular No. 596 (1908) of the Board of Education. The lettering and numbers at the head of each section are those adopted in the schedule of the Board.

A full description of the routine adopted in medical inspection was given in the Annual Report for 1908, hence, except in special instances where there has been some change or where the Board require definite information, no detailed account has been given in this Report.

(*a*) Hygienic Conditions in the Schools.

The Sanitary Inspectors have recently visited the Elementary Schools, and from their notes the Table on the opposite page has been compiled.

Extensive general repairs, painting and decorating have been carried out in 13 schools.

In three Infants' Departments galleries have been removed.

Improved systems of lighting have been installed in four schools; in three of these incandescent burners and mantles have replaced a previous system of batswing burners, and in one school electric lighting has been substituted. In connection with the use of electric lights, the adoption of Holophane shades may reasonably be considered as a considerable increase of illuminating power is obtained by their use.

During the year £500 was allocated to the provision of new desks; up to the present time 14 departments in 11 Schools have been provided with instalments of new dual desks.

Heating.—For some time the heating apparatus at Finsbury Road School has been quite inadequate. The temperatures taken at the beginning of the morning sessions were always much lower than they should be, especially during winter; and the temperature frequently did not rise during the day to the degree at which work might comfortably be done. A record of such temperatures is given:—

	Class Rooms	1	2	3	4	5
22nd Nov. 1909.	Infants' Department ...	39°	43°	38°	41°	40°
	Girls Department ...	44°	37°	43°	40°	38°

Temperature in shade at Old Steine at 9 a.m. 33·4.

These records were taken in the first hour of the morning session before the windows were opened. From a comparison with the temperature in the schoolroom and in the open air it is evident that, in cold weather, it was not possible to ventilate the rooms and at the same time maintain anything but a low temperature. The Education Committee decided to instal a low-pressure hot water system of heating, and the result has been very satisfactory.

The system of heating (flueless gas radiators) installed during 1909 in S. Bartholomews School has now been replaced with a more hygienic system of low-pressure hot water radiators.

Richmond Street School.—In a Report dated 12th December, 1908, amongst other things, the unsatisfactory natural lighting at Richmond Street Schools was pointed out. No steps have been taken to improve the natural lighting in the Girls' and Infants' Departments, nor has a covered shed been erected in the playground. Some minor alterations have been carried out.

The rebuilding of S. John's School, which was condemned in February, 1910, by H.M. Inspector, has not yet commenced.

School Rooms and Class Rooms.

Number Inspected.	Method of Heating.				Natural Lighting.				Artificial Lighting.			Kind of Desk used.			No. in which Oil Preparation is used on the floor.	No. of rooms having a gallery.	Remarks.
	Open Fire.	Open Fire & Radiators.	Radiators only.	Other Systems.	Good.	Bad.	From Front only.	From Back only.	Ordinary Gas Burner.	Incandescent Gas Burner.	Electric Light.	Long.	Dual.	Chairs and Tables.			
...	...	...	...	Hot air, 31	...	...	...	...	...	...	...	...	...	...	...	...	Secondary & Cookery Schools not included.
310	154	41	57	Hot air and open fire, 14	304	6	0	17	97	95	118	55	251	4	81	33	
...	...	...	...	Hot air and hot water, 11... ...	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	Open fire, hot air and hot water, 2	...	...	...	...	...	...	...	...	...	...	...	...	
				Halls.													
12	1	1	2	Hot air, 7	12	...	...	...	3	1	8	...	1	...	1	...	
...	...	...	...	Hot air and hot water, 1	...	...	...	...	...	...	...	...	...	...	...	...	

Inspection of Cloak Rooms.															Playgrounds.					
Number Inspected.	Number		Natural Lighting		Number Opening to		Hat Pegs.			Lavatory Basins.		Kind of w.c. in use.				No Separate w.c. for Teachers' use.	Number.		No Play Ground.	Number having		Remarks.
												Children's		Teachers.								
	Heated.	Not Heated.	Good.	Not Good.	School Room.	Corridor or Staircase.	Distance Apart.	Largest Number of Tiers.	Distance between Tiers.	Good.	Defective.	Trough.	Separate w.c.'s.	Trough.	Separate w.c.'s.		Paved.	Not Paved.		Covered Sheds in Playground.	No Covered Sheds.	
...	...	...	...	...	...	...	1 = 5″	29 = 2	1 = 7″	...	...	...	...	...	...	...	...	...	...	...		
86	27	59	78	8	6	80	3 = 6″	42 = 3	1 = 9″	81	3	35	49	7	65	10	57	8	7	41	24	In one instance the children hang their clothes in the Class Room.
...	...	...	...	...	...	...	1 = 7″	15 = 4	3 = 10″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	6 = 8″	...	15 = 12″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	7 = 9″	...	1 = 13″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	25 = 10″	...	12 = 14″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	13 = 11″	...	10 = 15″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	26 = 12″	...	10 = 16″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	1 = 13″	...	2 = 17″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	3 = 14″	...	20 = 18″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	...	...	2 = 19″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	...	...	7 = 20″	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	...	...	2 = 24″	...	...	...	...	...	...	...	...	...	...	...	...	

During 1910 it was found that there was insufficient school accommodation in the N. and N.E. portions of the borough, leading to pressure on the accommodation capacity of the schools in these districts. Attempts to remedy overcrowding in these schools by the exclusion of children under 5 and by other means failed, and a census of the school population in this part of the borough shewed that there was a distinct necessity for the erection of a new school. This had been anticipated by the Education Authority, and a site of 7,200 square yards had been procured in 1904 at Coombe Road. The Authority has now decided to proceed with the erection of a school for 600 children at a cost not exceeding £9,000. Plans are now ready for the erection of a school of the "Staffordshire" type. Provision has been made for a room for medical inspection. A system of spray baths is provided. Each class-room is to be built for the accommodation of 50 children only.

During the erection of the school the Board of Education has sanctioned an increase of 10 per cent. over the recognised accommodation in several schools in the district.

Cleansing of Schools.—The use of Oil Preparations on Floors.—During 1909 and 1910 certain preparations have been applied to the floors of schoolrooms, corridors and halls, with a view to keeping the atmosphere in school buildings freer from dust. Most of these preparations are oily, and, as a result of their application, dust which has once settled becomes "weighted" and has very little tendency to rise again into the air. Not only therefore does the atmosphere remain freer from dust, but less dust is deposited on the school furniture, cornices and ledges. Moreover, where these preparations have been laid down, very little dust escapes removal during sweeping and cleansing: in rooms in which no preparation has been applied dust escapes freely into the air and settles once again after the room has presumably been cleansed.

The floors after treatment with dustless oil preparations become darker; this is due to the deposition and retention of dust, and not to the oily material, since this, if applied to clean woods, whatever their consistency, hardly causes any change in appearance. Hence, floors treated with the preparations should be thoroughly swept daily to remove superficial dust which has accumulated; and at the end of each term should be thoroughly scrubbed and relaid with the preparation.

These preparations have been used in 25 departments of 13 schools. In practically all cases the head teachers report that there is much less dust than formerly, and that there is a great difference in the amount of dust in rooms whose floors have been treated and in those in which the preparation has not been used. This is especially noticeable in the case of rooms opening off a main corridor; the treatment of the corridor alone is sufficient to bring about a diminution of the dust.

Bateriological experiments have been made by exposing culture plates for definite periods and under varying circumstances in rooms treated and in rooms not treated with the preparations. Such experiments afford a relative comparison of the efficiency of the preparations, and the results are such as to justify a continuance of their use.

The culture plates were exposed in two similar sets of rooms—the floors of one set being treated with oil, the floors of the other untreated. The rooms were equal in size and the conditions of experiment the same in each case. Plates were exposed for varying periods when no disturbance was going on in the room; a second set was exposed during sweeping of the rooms, and other sets at five-minute intervals following sweeping. Both sets of experiments were carried out on Saturday mornings before sweeping the floors had begun, and when no scholars were present.

While sweeping was going on equal areas round the plates (which were placed 2½ feet above the ground) were left undisturbed.

Experiment A.—Plates exposed in similar rooms of Boys' Department (treated with dustless oil preparation) and Girls' Department (ordinary cleansing). Agar plates incubated at 37° for 72 hours.

Plate exposed.	Colonies grown.	
	Room treated with oil.	Room not so treated.
1. For 5 minutes in still atmosphere	0	6
2. For 30 minutes in still atmosphere	3	6
3. For 5 minutes during sweeping	80	150
4. For 5 minutes just after sweeping	overgrown by a rapid spreading organism.	232
5. For 5 minutes later (*i.e.* 10 minutes after sweeping)	28	30
6. For 5 minutes later (*i.e.* 15 minutes after sweeping)	overgrown by a rapid spreading organism.	18

At the time experiment A was done, the preparation had been laid down for over three months, and its effect had to some extent worn off, as will be seen by comparison with the subsequent experiment B.

The development in experiments 4 and 6 of a rapidly spreading organism made this experiment of little value.

Experiment B.—Agar plates exposed in same rooms as those of experiment A, incubated at 37°C for 37 hours, and then for 3 days at laboratory temperature.

The same class of experiment was made.

Plate exposed.	Colonies grown.			
	Room treated with oil.		Room not so treated.	
	Bacteria.	Moulds.	Bacteria.	Moulds.
(*a*) After incubation at 37°c for 37 hours.				
1. For 5 mins. in still atmosphere ...	0	2	7	13
2. For 30 ,, ,, ,, ...	2	3	12	17
3. For 5 ,, during sweeping ...	38	3	456	9
4. For 5 ,, just after sweeping ...	11	3	79	12
5. For 5 ,, later (*i.e.*, 10 mins. after sweeping)...	6	2	62	15
6. For 5 mins. later (*i.e.*, 15 mins. after sweeping)...	1	1	31	10
(*b*) After further incubation at laboratory temperature for 3 days.				
1.	1	2	10	13
2.	3	3	19	18
3. Experiments as above	39	3	464	9
4.	14	3	79	12
5.	6	2	75	14
6.	1	1	37	9

In this case the preparation had been newly laid down and the floor used for a fortnight only; the adequacy of the preparation is shewn in the much smaller number of colonies, both of bacteria and moulds, which were grown in plates exposed in that room in all the experiments. The difference is essentially marked in the experiments 3, 4, 5, 6, *i.e.*, during and after sweeping; this difference could be well appreciated, however, without any bacteriological experiment, as the amount of dust in the air of the room not treated with the preparation was visibly much greater.

While it cannot be claimed that the experiments were carried out under conditions strictly capable of limitation, yet the results are distinctly in favour of the use of such preparations.

Provision of First-Aid Ambulance Outfits in the Schools.—In consequence of the frequent occurrence of minor accidents in the Schools it was decided that all the larger schools should be supplied with a first-aid outfit. 21 out of 32 schools have now been supplied, and an outfit has also been given to each of the four Handicraft Centres, to each Department of the Secondary School, and to the Technical College, Hostel, and Home Making Centre.

The contents of the outfit are as follows:—

Bandages, 3 one-inch and 3 three-inch, 1 triangular.
Cotton lint, Boric lint, Wool } 1oz. packets.
Adhesive plaster, 5-yard spool.
Safety pins.
Scissors.
Measuring glass, 1oz.
Antiseptic lotion, 8oz. bottle.
Carron oil, 8oz. bottle.
Friar's Balsam, Sal volatile, Ammonia } 2oz. bottle.
Iodine in chloroform solution, 2oz. bottle.
Boracic ointment, 2ozs.

These are contained in a wooden glass-fronted case, with shelf and partitions, designed by and constructed under the supervision of the Director of Manual Instruction, Mr. Marriott. The case is provided with a padlock, a key to which is retained by the Head Master or Mistress of each Department.

A list of simple instructions as to the use of the above in case of emergency was also forwarded to each Department; attention was drawn to the regulation that these outfits were not to be used for routine "dressings" or treatment, but were intended for "first-aid" only.

The total estimated cost was 9s. 6d. for each outfit; in practice it is found to be somewhat less. We have to thank Councillor Yates for his co-operation and practical advice in the fitting up of the cases.

(*b*) The Arrangements for the Co-Relation of the School Medical Service with the Public Health Service.

The arrangements made for the co-relation of the Public Health Service and School Medical Service are satisfactory. The present Medical Officer of Health, on appointment, was made Chief Medical Officer to the Education Committee, and was required to supervise all medical assistance needed to carry out medical inspection under the Education (Administrative Provisions) Act, 1907. These duties were practically synonymous with the duties of the

School Medical Officer as defined in Circular 596, and the Medical Officer of Health is now recognised as such by the Board of Education. By the guidance of both services by one individual all friction and duplication of work are avoided, and the experience and time of the Sanitary Staff is available for school work.

The time given by the staff of the Public Health Office is occupied (1) in the making of inquiries and in the taking of action to prevent the spread of the exanthemata, (2) in the inspection of school buildings, and (3) in the carrying out of the provisions of the Employment of Children Act, 1903, and the Children Act, 1908.

The great bulk of the work falls to the School Doctor, two School Nurses and two lady clerks; these devote their whole time to school work.

During the year it was found necessary to add a second lady clerk to the clerical staff (April, 1910); this step has enabled us to keep the statistical work up to date throughout the year, and has been of material assistance in the preparation of reports. Much of the clerical work in connection with the provision of meals to elementary school children is now done by this clerk. This work was previously done at the Education Office.

(*b ii.*) Assistance given.

Assistance is given, if required during inspections, by Head or Assistant Teachers and Monitresses.

This consists chiefly in the giving of information regarding cases, and in the dressing of infant children. The Head Teachers have materially helped during the year in the obtaining of treatment by defective children, by repeated advice and by the provision of hospital letters.

Enquiries and investigations are undertaken occasionally by Attendance Officers.

Material assistance has been given by several voluntary agencies, more especially by the N.S.P.C.C., the I.C.A.A., and the C.O.S. The latter societies have in many cases assisted in the provision of instruments, clothing and holidays at convalescent homes for defective children.

No organised assistance is given by the Managers of Schools; the possibility of the appointment of small Care Committees of voluntary helpers in connection with each group of Managers would materially aid in the provision and obtaining of medical treatment for defective children, inasmuch as many of these must be known personally to the voluntary helpers in each district. Such Committees would be able to report cases of neglect, of deficient feeding, of defective clothing, etc., to the various agencies dealing with such matters, and as the helpers would frequently be visiting the homes of the poorer classes, they would be in a position to exert a considerable educational influence in their home life; this is precisely what any effort at social reform must do to be successful.

A full description of the routine duties of the School Nurses and Clerk was given in the Annual Report for 1908, to which reference should be made for details.

Supervision of Children absent from School on the ground of Ill-Health.

1. *Reserve Sickness Register.*—In order to maintain supervision over children likely to be absent from school for some weeks or months, and to lessen the work of Attendance Officers in regard to such cases, the Education

Committee decided in 1908 to establish a Reserve Sickness Register. The present administrative arrangements are as follows:—

The names of children likely to be absent, by reason of illness, for at least one month are entered on an application form (Form 13) by the Head Teacher. These forms are weekly transmitted, with a medical certificate when procurable, to the School Doctor who, after consideration of the available information, fixes a provisional date for the return of the child to school. The forms are then referred for sanction to the School Attendance Branch Sub-Committee, and the names of children are entered on the Central Reserve Register at the Education Office, and also on the Departmental Reserve Registers at each school. The provisional date of return is also noted in the registers, and a day or two prior to this date the Attendance Officer is notified and requested to procure another medical certificate, or to send the child for examination to the School Doctor, unless he and the parents are satisfied that the child is well enough to attend. In cases of infectious disease the period fixed is in accordance with the regulations drawn up by the Medical Officer of Health; in cases of ringworm, all children must be re-examined by the School Medical Officer or School Doctor before re-admission.

Should the child in the opinion of the Medical Attendant or the School Doctor be unfit for school attendance, a fresh application is made, and the period is extended to a further provisional date.

Arrangements are also made for the re-admission of cases which become fit for attendance before the provisional date is reached. On return of the child to school, notification is immediately sent to the Central Office, and the name is removed from both Registers.

2. *Exclusion of individual Scholars under Art. 53 (6) Code.*—The names of all children excluded under this article during routine medical inspection, at the School Clinic, or on special examination or re-examination at the Town Hall, or in connection with infectious disease, are entered in certificate form, as required by the Board of Education, in special books. Certificates allowing attendance, but with the necessary advice to Head Teachers on the education of the child, are also kept in similar books.

All these certificates are given daily to the Attendance Officers, who note the length of the exclusion and then send them to the various departments for filing.

At the end of the period sanctioned by the certificate they are requested, unless the child is in attendance, to send him or her up for a further examination.

3. *The School Attendance Branch Sub-Committee.*—This Committee deals with all cases in which parents fail to comply with the attendance of their children in accordance with the Bye-laws. As the excuse or plea of illness is often made in such cases, it was felt that the attendance of the School Doctor would materially help the Committee in coming to a decision in certain cases, and would help those parents who, through poverty, were unable to produce a medical certificate of the fitness or unfitness of their child to attend school. It has, therefore, been the custom for the last three years for the School Doctor to attend all meetings of this Sub-Committee, and to advise them on the question of the health of children alleged to be unfit to attend from illness. Such children are generally examined later at the Town Hall, or in their homes, and reports are made to the Committee. In cases in which a private medical practitioner is already in attendance, no examination is made without his consent.

Advice is also given in respect to the regulations in regard to infectious diseases, to the special education of mentally and physically defective children,

epileptic, blind and deaf children, to the transfer of certain children from one school to another, in exemption cases, and in regard to complaints by parents as to treatment of their children.

At these Meetings notification is given by the Attendance Officers of the Districts as to the number of notified cases of infectious diseases, and as to prevailing epidemics of non-notifiable diseases.

Cases with which the Attendance Officers have difficulty for medical reasons are referred to the School Doctor, and advice is given after examination of the patient, or consultation with the Medical Attendant.

Attendance Slips.—Cases in which attendance is irregular are notified by means of " slips " by the Head Teacher to the Attendance Officer, who investigates these and notifies the Head Teacher of the alleged reason for absence.

In order to control cases absent on medical grounds, the slips from three departments have been regularly forwarded to the School Medical Officer, and any cases in which investigation may prove useful, with a view to getting rapid treatment for such cases, have been dealt with. This is especially valuable in cases of skin disease, referable for treatment to the Clinic, and the experiment thus initiated will probably be extended.

The routine of Medical Inspection.—Notice of the approaching inspection is first sent to the Head Teacher of each department of the school. The teacher is asked to fill up part of the schedule card for each child to be examined. In each case entries were to be made under the following headings: Name of child, Date of birth, Age, School, Standard, Attendance, Cause of irregularity of attendance, Speech, Mental capacity, Teacher's remarks. Instructions were given as to the filling up of these entries in accordance with the terms of the Board of Education. In some schools the instructions were not strictly adhered to, with the result that the returns were, for statistical purposes, somewhat inaccurate.

A suitable date is fixed for inspection; the number of hours or days for the inspection was based on the approximate estimation of the number of children to be examined. For the examination of 50 children a full session of three hours in the morning was taken, while during the afternoon session of from two to two and a half hours, 30 to 40 children were examined on an average. Until the routine of the inspection was in working order, this number of children could not be examined, but with better organisation it was found that, on the average, from three to four minutes for each child was sufficient [c (vi.)]. The presence of parents, the dressing and undressing of young children, and the presence of defective conditions were the chief factors lengthening the period of inspection. The time taken for older children is, notwithstanding the additional examination of hearing and vision, slightly shorter than that required for infants. The greatest delay occurs in testing the vision of children of six and seven, many of whom can be persuaded to read the letters of a test type only with some difficulty.

The actual inspection is carried out as follows:—All children remove their boots, and the boys, in addition, take off their jackets and vests. They are then weighed and measured by the nurse; and after putting on their boots they are inspected according to the schedule card, the points requiring attention being noted by the clerk at the dictation of the School Doctor. They then dress, their visual power is examined by Snellen's test types at a distance of six metres. Each eye is examined separately, and then the visual power of both together is ascertained. A convex lens of + 1 is then placed before one eye, the other being covered, and the vision re-tested. This is done in all cases to ascertain if any hypermetropia exists. If the vision is defective, each

eye is tested separately with + 1 and − 1 lenses, and any improvement with these is noted. Occasionally the test card for astigmatism is used for older children in cases in which it is suspected that such exists. The children then return to their class rooms; the average time they are away is from 15 to 30 minutes.

Hearing is tested by means of a watch, each ear being tested separately, and the distance at which the watch is audible is noted. Cases shewing considerable deafness are re-tested with the forced whisper test.

After the inspection, the parents of children found to be defective in any way are notified of the defect or disease, and advised to seek treatment from their usual Medical Attendant (Form 5 M.I.).

If any condition requiring further examination has been found, the parents are requested to attend at the Public Health Office with their child. After such re-examination, advice is given as to the precautions to be taken, and the necessity or otherwise of obtaining treatment. The re-examinations usually made are in cases of heart and lung diseases, diseases of the nervous system, and errors of refraction.

The procedure of "following up."—After notification, the home is visited by a School Nurse, who advises the parent what steps should be taken to cure the child. The advice given depends on the nature of the defect, and on the social circumstances of the family. In order to facilitate the visitation of such cases, a card-index system is used, streets being grouped in alphabetical order; the names of cases in each street are entered upon the card from a list furnished to the School Nurse. The work of visitation has thus been rendered much easier. The card used is shewn below.

M.I. 9.	No. House				
	School ...				
	Name ...				
	Disease ...				
	V1.				
	V2.				
	V3.				
STREET	Remarks ...				

Visits are made on at least three occasions if no treatment is obtained. In cases of difficulty the parent is referred to the School Doctor, and the child is re-examined at the Town Hall, and the mode of obtaining treatment is shewn; generally this resolves itself into the provision of Hospital Letters, or the arrangement for the child to attend Hospital on certain days, when the mother is at liberty. The provision of spectacles at cheap rates also belongs to this category.

When a child has failed to obtain treatment, pressure is often brought upon parents by the Head Teacher, the child being sent up to the Town Hall for re-examination. As each Head Teacher is furnished with a list of names of defective children, divided up into three groups, according to the nature of the treatment (*e.g.*, Hospital or Private Doctor,—Advice only,—Exercises), it is easy for them to note whether treatment is obtained or not, and hence to be of material assistance in "following up" cases.

Many cases, in which attention has not been given to the child, are brought up at the following medical inspection at the school, and the parents are again notified and followed up, often with good results.

The provision of Care Committees has already been mentioned; this would be of great assistance in the work.

The Schedule of Inspection.

b (i). The schedule of the Board of Education has been closely followed, but in a few items there has been an alteration in detail.

The following are the chief points requiring explanatory notes.

The numbers referred to are those of the Board's schedule, Circular 582.

6. *Weight.*—In the case of boys, this has been taken with the coat and waistcoat removed, and without boots, not in "ordinary and indoor clothes" (Note 8, Circular 582). The weighing of girls was carried out with the boots only removed.

4. *Clothing and Footgear.*—Instead of noting the condition of these together, as in the Board's schedule, a separate record of each is made.

10. *Adenoids.*—A separate heading has not been provided, but where these are present a note has been made under the heading of Tonsils.

10. *Submaxillary and Cervical Glands.*—The headings of Anterior and Posterior Glands have been substituted, enabling the local cause or causes of glandular enlargement to be immediately seen; *e.g.*, enlargement of posterior glands generally indicates scalp affections (pediculi or impetigo of scalp), that of the anterior glands being generally due to carious teeth, enlarged tonsils, or adenoids.

All other headings correspond to those of the Board's schedule, but the following additional points have been included:—

1. *Vaccination.*—The number of cicatrices and their area are noted.

2. *Action taken.*—A special space has been left for recording this. The number of re-examinations made is noted, the number of visits paid by the School Nurse and the treatment obtained.

3. *Teachers' remarks.*—A space has been provided in order that the Head Teacher may draw attention to any special defect which has been noticed in a child.

The schedules are printed on cards, 7in. by 4in., and these are kept on the card index system at the Public Health Offices. Supplementary cards are used for recording exceptional cases; cards for the examination of canteen cases are also kept. A list of children, with the defect or disease from which they are suffering, is forwarded to the Head Teacher of each department after the inspection.

In the case of children transferred from one school to another, a notifica-

tion to that effect is sent to the Education Offices, together with a note as to the date of medical inspection of the child. The corresponding cards are then transferred to their proper places.

b (iii.) Presence of Parent at the Inspection.

A card inviting the parent to be present is given to each child due for examination (Form 3, M.I.). Information is asked for in regard to the previous illness of the child; the card is then returned, and the entries copied on the schedule by the Nurse.

In no case was a child examined if a note of protest had been sent. In some of those cases in which no evidence was forthcoming of an objection (except non-attendance at school on the date in question), the children were subsequently examined *without* further notice to the parent.

In cases in which the parent raised objection to the examination, it was usually on the ground that the child was already under medical treatment at the time. In these cases the doctor has been specially called in to treat certain symptoms, *e.g.*, those of anæmia, of dyspepsia, etc. He does not proceed to an examination of eyesight, or hearing, unless specially requested to do so. Hence, although already under medical attention, it may quite easily happen that some defect, seriously hindering the child's education, is present, and this would rapidly be revealed in the routine inspection of the School Doctor. For this reason it is advisable that teachers should bring this view of the situation before all parents objecting on these grounds.

In all cases in which the child is already under medical supervision the parent is requested to continue until the Medical Attendant is satisfied that recovery is complete.

The percentage of actual refusals was 2.5 per cent. on the total examined. The number of children absent on the day of inspection (chiefly owing to illness) and not subsequently inspected, was 353, *i.e.*, 5.6 per cent.

Thus 92 per cent. of children receiving notices were examined.

Altogether 2,444 parents or guardians (39 per cent.) attended out of 6,273 invited.

The attendance of parents was always highest in the infants' departments (59 per cent.), next in the girls' (32 per cent.), and lowest in the boys' departments (24 per cent.).

The co-operation of parents in the subsequent treatment was always asked for. Notification of the defect or disease, personal interviews, advice as to the necessity and means of obtaining treatment, periodical visits paid to the homes by the School Nurse were the chief means employed to this end. The results of these efforts are discussed later under the heading of treatment.

b (iv.) Disturbance of School Arrangements.

A certain amount of time is taken in the filling up of schedules and arrangement of the children to be examined. If this clerical work be distributed among the Assistant Teachers, comparatively little time is occupied in the filling in of the details. More especially is this the case if ample notice be given of the date of inspection.

In all cases, after the explanation of our requirements, the Head Teacher was asked to mention the most convenient dates for inspection.

In 10 out of 32 schools the hall was used for inspection purposes, or a class was accommodated in the hall, and the vacated class-room used. In two schools only was there a spare class-room constantly out of use. In two

other departments the inspection was carried out in a large and well lighted corridor. In three departments the Head Teacher's room was used for this purpose. As a rule, these rooms are too small for testing vision in, and in the cases in which these rooms were used, it was at the express wish of the teacher. In all other departments it was necessary to use a cleared class-room. The dispossessed scholars were taken to another class-room, to another centre, to the playground, or to organised games.

The time spent in the inspection of a school varies naturally with the number of children to be examined. In the smaller schools, one morning or afternoon session was found to be sufficient, while in the larger schools the inspection was spread over a period of three or four days. In the latter schools, the inspection of the boys' or girls' departments was always completed in three sessions, while in the infants' department, owing to the large number there examined, four to six sessions were sometimes required. It may be taken as a general rule that during the year two routine inspections will be held in all the larger schools; this means some disturbance of the school routine on two to four days for each department during the year. The disturbance is for a short period and for a known time at the most convenient date.

It has been found possible in Brighton to make such arrangements in the schools that no urgent need for the provision of an inspection centre has arisen.

c. General Statement of the Extent and Scope of Medical Inspection during 1909.

c (i.) Visits to Schools and Departments.

Inspection has been carried out in all the departments of the 32 schools.

For the purpose of the routine inspection 151 visits have been made to the various departments. In 1909, 187 visits were made. The infants' departments require considerably more visits than the boys' and girls' departments, owing to the larger number of children to be inspected.

In the examination of children for free meals, 118 visits were made to schools.

In the course of special enquiries at schools, 148 visits were made.

The total number of visits made to the 32 schools was 417, as compared with 462 in 1909.

A weekly visit is also made to the special school for the purpose of attending the school clinic, and for the examination of mentally defective children.

c (ii.) The Selection of Children for Inspection.

The following is the grouping of children inspected during 1910:—

1. New entrants since the 1909 inspection (s. 13, Education Act, 1907).
2. Children born in 1897, *i.e.*, in their 13th or 14th years; no child leaves school at an earlier age in Brighton (s. 12, Circular 576).
3. Children born in 1900, *i.e.*, in their 10th or 11th years.
4. Children born in 1903, *i.e.*, in their 7th or 8th years.
5. Children selected as defective by the teaching staff.

In the first year of medical inspection (1908), only entrants and leavers were examined; in 1909 the 7-year-old group was added, and in 1910 the 10-year-old group. Thus each child will now be examined four times during the school career, viz., on entrance, and at the ages of 7, 10, and 13. These four

examinations should be adequate to prevent any defect or disease escaping notice while the child is at school. It follows, also, that by the end of 1913 every child attending the elementary schools in Brighton will have been medically inspected at least once.

The importance of the examination of a group at 6 or 7 years of age is obvious if it be recollected that the second dentition begins at that age, and that the development of changes in the jaws, teeth, and nose begins also in children with adenoids. Hence operations for adenoids at this age are likely to prevent the unsightly secondary maldevelopment of face and chest which are so often found in neglected cases at later ages.

The selection of children born in definite years, *e.g.*, 1897 and 1903, facilitates the clerical work in connection with the grouping of cases. Such a selection brings children of two separate age periods into each group, *e.g.*, children born in 1897 are either 12 or 13 when examined in 1910. If selection be made by the year of age it may well happen, even with good organisation, that certain children are inadvertently missed out of the examination; in any case the work of selection is much increased; whereas the procedure of selection, according to year of birth, is very simple. From the physical point of view it makes little difference whether a child be examined at 12 or 13 years of age, and if inspection be carried out regularly throughout the year, statistics at these ages are not vitiated.

c (iii.) The Number of Children Inspected.

The following table shews the number of children inspected in 1910, classified according to age and sex.

Age.	*Male.*	*Female.*	*Total.*
3	63	48	111
4	234	181	415
5	211	221	432
6	398	368	766
7	357	352	709
8	72	86	158
9	160	210	370
10	828	699	1527
11	81	98	179
12	480	412	892
13	338	360	698
14	7	6	13
15	—	3	3
Totals	3229	3044	6273

From this table it will be seen that the majority of children were examined at ages 6, 7, 10, 12 and 13; the variable age at entry causes the number of examinations made at 3, 4 and 5 years of age to be fewer.

The children examined in intermediate years are chiefly those selected for special reasons (*e.g.*, defects) or are those entering the schools after having completed part of their education in other districts. It is essential that this be borne in mind in estimating the value of any statistics subsequently given; the statistics relating to years 3, 4, 5, 6, 7, 10, 12 and 13 give results for the average child, but at other age periods they may, in view of special selection for defects, be inaccurate.

Apart from the routine inspection, cases are specially examined or re-examined at the Public Health Office; a large number are also examined for the Canteen Sub-Committee. The number of children so examined is given under subsequent headings.

c (iv.) Children referred for subsequent or further Examination.

At the routine inspection certain children are thus referred for a more detailed examination. The chief defects necessitating this are diseases of the heart and lungs, of the nervous system, deformities and eye defects. These children, if necessary, are periodically re-examined.

38 children were referred for subsequent examination, *i.e.*, .6 per cent. of the total inspected (6,273).

The total number of re-examinations made in 1909 was 541.

Special examinations of children referred by Head Teachers, Attendance Officers or School Nurses are also made. 565 children were thus examined at the Public Health Offices, Town Hall, while special examinations of 330 children, apart from routine inspection, were made in the schools.

c (v.) Statement of the Chief Defects Revealed by Inspection.

A summary is given in the following table of the defective conditions in which *advice or treatment* was necessary.

The table is based upon statistics derived from 6,273 children.

Defect or Disease.	*No. of Children.*	*Percentage of Total Examined.*	
Defective vision or squint ...	328 ...	5.2	
Eye diseases	107 ...	1.7	
Enlarged tonsils and adenoids ...	100 ...	1.6	
Enlarged tonsils	43 ...	.7	8.6
Adenoids	398 ...	6.3	
Deafness or Otorrhea	182 ...	2.9	
Mouth breathers	451 ...	7.1	
Defective teeth (needing immediate treatment)	273 ...	4.3	
Skin diseases (including blepharitis)	175 ...	2.8	
Tubercular diseases	47 ...	.7	
Lung disease	79 ...	1.2	
Heart disease	49 ...	.7	
Diseases of nervous system ...	148 ...	2.3	
Deformities	112 ...	1.7	
Mental deficiency (including special school children) ...	61 ...	1.0	
Verminous condition (bad) ...	206 ...	3.2	
Other conditions	154 ...	2.4	
Total defects	2,913 ...	46.4	

The total number of physical defects, excluding mental defects and verminous children, found in 6,273 children was 2,646, average, ·42 defects per child. Excluding the largest group, viz., mouth breathers, the figure is ·35 defects per child.

It should be clearly understood that several defects may be present in one child, *e.g.*, a child may have adenoids and deafness with defective vision. The

number of defective children has, therefore, been calculated and found to be 2,312 or 36.8 per cent.; exclusive of mouth-breathers it is 2,002 or 31.9 per cent.

From these figures it will be seen that approximately 35-40 per cent. of the children in the Elementary Schools require advice or treatment for physical defects.

This is a large percentage, and unsupported by further analysis might convey a false impression. It will be noticed that the figure drops to 31.9 per cent. if one excludes simple mouth-breathers, curable by exercises.

The following table has been drawn up to shew the proportions of defective children requiring definite medical treatment, physical exercises, or advice:—

The results are tabulated for sex, and according to the department of the School.

Department.		Total examined.	Advice.		Exercises.		Medical Treatment.	
			No.	%	No.	%	No.	%
Boys		1894	93	4.9	153	8.0	398	21.0
Girls		1759	151	8.5	144	8.1	380	21.5
Infants	Boys ...	1079	72	6.6	106	9.8	216	20.1
	Girls ...	997	109	10.9	59	5.9	195	19.5
Mixed	Boys ...	256	21	8.2	28	10.9	60	23.4
	Girls ...	288	20	6.9	21	7.2	80	27.7
Totals	Boys ...	3229	186	5.7	287	8.8	674	20.8
	Girls ...	3044	280	9.2	224	7.3	655	21.5
Grand Totals ...		6273	466	7.4	511	8.1	1329	21.1

From this table it may be seen that:—

1. Defects are rather more numerous in girls (38%) than in boys (35.3%).

2. Defects requiring exercises for their correction (more especially mouth-breathers) are more common among boys than girls.

3. Defects which require advice or exercises are proportionately more numerous in the infants' departments, while more serious defects, necessitating medical treatment, are proportionately and actually more numerous in the boys' and girls' departments. There is, thus, a tendency towards an increase of defects or deterioration as the child passes into the higher portion of the school.

   This deterioration is probably most marked in the increase of visual defects and adenoids. That this is so will be shewn in later tables.

   Increased selection of defective children in the higher departments may be responsible for some of this apparent increase of deterioration.

4. Of 36.6% of defective children, 21% require medical treatment, while 15.5% can be dealt with by advice or simple exercises.

5. Medical treatment (as contrasted with simple advice and exercises) is required for girls and boys in almost equal proportions.

The results given above, as contrasted with those of 1908, shew some increase of the number of defects, if mouth-breathers be excluded:—

Year.	Per cent. defects.	Excluding mouth-breathers.	Per cent. defective children.	Excluding mouth-breathers.
1908	39	28	36	26
1909	47	31	39	26
1910	42	34.9	36.8	31.9

There is a decrease in the total number of defects and defective children as compared with the 1909 records.

"Mouth-Breathing" forms a much smaller proportion of the defects than in 1909; hence, when this is excluded, the residue is higher than in 1909. The increase is due to the placing in this group of slight adenoids, many previously classed as simple mouth-breathers; after several examinations it has been found necessary in many cases to do this.

c (vi.) The Time occupied for Inspection.

The average time per head for inspection has been given in a preceding paragraph as from 3-5 minutes. This is the time actually occupied in inspection, as apart from such time as is taken for dressing, &c. The weighing and measuring takes from $\frac{1}{2}$-1 minute, the medical inspection from 2-3 minutes, and the testing of vision up to 5 minutes.

This allowance means that about 80-90 children can be inspected daily, if the organisation is good

The factors on which this depends have already been discussed.

The actual time occupied by medical inspection may seem very short, but it is to be noted that many of the entries on the schedule card can be made from simple and accurate observation alone, and if these entries are made by a clerk, the time necessary for recording them is very short. Again, accurate observation eliminates many of the defects or diseases to which children are liable before any physical examination is made to confirm this, and as soon as the eye has been trained to observe in a routine manner such details as are necessary, still further economy of time results.

d. General Review of the Facts Disclosed by Medical Inspection.

Mental Capacity.—The entries under this heading were filled up by Head Teachers, who are, generally speaking, better able to form a correct judgment than the Medical Inspector, unless a considerable amount of time be spent by the latter. Cases in which there is any doubt are investigated by the School Doctor.

The following table shews the number and percentage of children inspected in 1910, mental capacity being classified as suggested by the Board. It is based on statistics from 5,315 children between the ages of 6 and 14, and

includes the statistics from the special school with 45 mentally defective children :—

Mental Capacity.	*Boys.*		*Girls.*		*Total percentage.*
	No. of Children.	*Per-centage.*	*No. of Children.*	*Per-centage*	
Bright	1458	53.5	1451	55.9	54.7
Fair	847	31.1	830	32.0	31.5
Dull	298	10.9	244	9.4	10.2
Backward	82	3.0	49	1.9	2.4
Mentally Deficient ...	36	1.3	20	.7	1.0
Imbecile	0	0.0	0	0.0	0.0
Totals	2721		2594		

From this table it will be seen that 85% of the children are of normal intelligence, and about 15% are considerably below normal. Girls are, on the whole, found to be rather more intelligent than boys. It will be noticed that the percentage of mentally deficient boys is twice as high as that of girls. The figures for mental deficiency here given include 45 children in attendance at the special school.

The actual number of mentally deficient children known to be in attendance in the elementary schools, or of such an age as to be educated in elementary schools, is 104, *i.e.*, .65% on the average attendance (16,000). For the special education of these defective children there is, at present, one special school in Brighton, with accommodation for 40 children—about 44 children are on the roll at present; the remaining 60 are in attendance in the elementary schools, or have been excluded from such schools as ineducable.

In the Annual Report for 1909 an account of a special investigation as to mentally deficient, dull, and backward children was given, and certain recommendations were made in regard to the provision of additional accommodation and training. These were as follows :—

1. Special (or practical) classes to be established, in various schools, for 250 children, intermediate between backward and mentally defective.
2. A special school to be provided to accommodate from 100 to 120 children who are mentally defective.
3. A school of the same size for the education of physically defective children.

Experimental Class of the Intermediate Type.

After consideration of the Report it was decided that a practical class for the education and training of 25-30 Boys of the "intermediate" type, and of ages 11-12 should be opened at Richmond Street Boys' School. This was done at the commencement of the second term (April).

A circular was sent to the Head Teachers of six schools, drawing attention to the proposed new class; the teachers were asked to select for examination by the School Doctor such boys as they thought would benefit by the proposed training.

All boys entered on these lists were then medically examined, and 30 were chosen for the class. A few of these were selected as it was desirable that their mental condition should be ascertained more exactly over a period of prolonged observation.

A letter was written to the parents, pointing out the backwardness of the child, and the advantages to be gained by entering the child in the practical class. The parents expressed themselves, in almost all instances, as being very glad to avail themselves of the offer.

Arrangements were made for the use of a special room in Richmond Street School; this was fitted up partly for manual, and partly for ordinary school work. The arrangements and the details of the curriculum were completed by Mr. Mulrenan, the Head Master, in conjunction with Mr. Walter, an assistant appointed especially for the class. A great deal of care has been taken to prevent any stigma falling upon the boys in the class. For this reason it is known as a " practical " not a " special " class. The boys of this class join with the others at prayers, opening and closing of school sessions, scripture, and play. A Monthly Report is sent home to the parents, detailing the conduct of the boy and his progress.

Manual work of some kind forms about one half of the training. As far as possible all subjects are taught in a practical manner, and combined with manual work. The aim of the class is to " make the curriculum fit the boy " and owing to the smaller number in the class, for some individuals, modification of the training can be introduced without disturbing the routine of the class as a whole. The development of the powers of observation and initiative is an important part of the training. The average age of the class at the commencement was 12 1-12th; this is somewhat high, and one would prefer in establishing other classes to make the average age 10.

The average ability of the class was that of Standard II.; a few were incapable of work above Standard I.—one or two of these were found to be mentally defective after subsequent examinations.

The class started with 27 boys, and now contains that number; one boy left the district, one was removed owing to definite mental deficiency, and one, a constant truant, was sent back to his former school; three boys were admitted in place of these. The average attendance has been 25.5 out of 27; the boys have attended well; most of the absences have been due to illness.

The work done throughout the year has been encouraging, more especially the manual portion which is readily taken up by the boys; with the exception of three or four cases, there has been general improvement. The class has been of use as an observation centre for certain mental cases, enabling a more definite diagnosis to be given of the degree of deficiency. There are at present in the class one or two high-grade mental defectives, and it may be necessary to draft these into the special school.

The scheme of work and time tables (supplied by the Head Master) are given below. It will be noted that half an hour daily is devoted to physical exercises and games; this was considered advisable as most of the boys in attendance come from poor districts, and are markedly below the average height and weight; they do not, as a rule, display the activity and energy of the normal child, and hence, any training tending to the development of these qualities is advantageous.

One of the most noticeable features of this group of children, while in the *ordinary* elementary school classes, is the apathy with which they regard most of their lessons. They take no interest in a lesson of which they understand nothing; they become resigned to repeated correction by their teacher; and after being a source of annoyance to the teacher and a drag on the remainder of the class, they are generally left to get on as best as they may, ignored by the teacher, who cannot spare time for them if his class is to progress at a normal rate.

A child of this group generally passes through the school career, and leaves at 14, having done little or *no manual work*; the usual system is that manual work is only done by boys in the upper standards; as these boys of the intermediate class never get beyond Standard III. or Standard IV., they lose the training which would be of most value to them in their work after 14, and which would appeal to and rouse their interest during school life.

It is interesting to notice that the children in the practical class display far more interest in their work, and shew much less apathy than formerly, when they were the outcasts of other classes.

Scheme of Work.

Important.—Every subject, wherever possible, is taught practically and in manual form.

Arithmetic	Simple exercises in mental and written work, including practical work in money, length, weight, capacity, time. All numbers to be small.
Reading	Good, simple, continuous stories. One Geography and one History Reader. Spelling.
Writing	Copy books, simple dictation and composition.
Geography and History	The world generally, taught by clay modelling, reading and pictures.
Singing	Voice training. Simple songs.
Object Lessons	Nature study of plant, animal and insect life. Common things—air, water, &c. Hygiene, ventilation, food, etc. This subject experimental where possible.
Drill	Half hour each day. Official course of exercises and organised games.
Drawing and Manual Work	Includes clay modelling and work in cardboard, paper and wood.

Time Table.

Morning.

Day.	9.0-9.30.	9.30-10.10.	10.10-10.35.	10.35-10.50.	10.50-11.20.	11.20-12.0.
Monday ...	Scripture	Arithmetic	Reading	Recreation	Physical Exercises	Drawing
Tuesday ...	Do.	Do.	Do.		Do.	Clay Modelling
Wednesday	Do.	Do.	Do.		Do.	Drawing
Thursday	Do.	Do.	Do.		Do.	Clay Modelling.
Friday ...	Do.	Do.	Do.		Do.	Drawing

Time Table.

Afternoon.

Day.	2.0-2.15.	2.15-2.45.	2.45-3.15.	3.15-3.30.	3.30-4.0.	4.0-4.30.
Monday ...	Spelling	Object Lesson	Reading	Recreation	Writing	Manual Work
Tuesday ...	Do.	Reading	Writing		Manual Work	
Wednesday	Do.	Geography	Reading		Repetition	Writing
Thursday	Do.	Singing	Writing		Manual Work	
Friday ...	Do.	Object Lessons	Reading		Writing	Manual Work

It is necessary to point out that the work in Arithmetic, Geography and Object Lessons is largely of a manual nature, Plasticene clay being frequently used.

The experiment and the method of teaching has been favourably commented upon by H.M.Inspector; it undoubtedly owes its initial success to the personal care and supervision of the Head Master, Mr. Mulrenan, and the carrying out of the scheme by Mr. Walter.

An experiment is at present being made at Hanover Terrace Girls' School, where 25 of the intermediate and very backward types have been formed into

a special class, and have received special instruction from the Head Teacher, Miss Baker, in such subjects as reading, writing, and practical arithmetic, and are distributed among other classes for training in domestic work, needlework, nature study and object lessons. Practical lessons are given in such matters as the hygiene of the body. It is proposed to teach these children especially *home management and infant care* in as practical a way as possible. A new teacher has just been appointed for the special supervision of this class. The average age of the class is about 12, and the average mental capacity Standard II.-III.

Speech.—The entries under this heading are also filled in by Head Teachers.

The following table gives the results obtained from the records of 5,315 children between the ages of 6 and 14.

	Boys.		*Girls.*	
	No. defective.	Per cent.	No. defective.	Per cent.
Stammering ...	10	.4	7	.2
Other defects ...	20	.8	6	.2
Total examined	2721		2594	

The results shew that there has probably been defective filling in of these details, as the amount of speech defect is undoubtedly higher than this.

It will be seen that speech defect is commoner among boys, that of stammering especially. Considering the disabilities with which a stammerer has to contend in his school work or general life, the formation of classes for such children is worthy of consideration. A course of three months' tuition would suffice to cure the majority.

Advice was given in regard to the treatment of other cases, especially in regard to respiratory exercises and the management of voice production.

Anthropometric Measurements.—The following tables relate principally to school entrants and children born during the years 1897, 1900 and 1903 The method of examining groups of children born in certain years makes the work of picking out the children easier for the teacher, and also prevents any children being missed. The latter point may be illustrated as follows:—If 7-year-olds in a certain school were examined in January, 1910, and December, 1911, it is evident that in the interval between the examinations many children would live through their 7th year without being examined.

One of the advantages of examining children at a given age, say 7, is that the average age of the children examined is 7½ years. The average height and weight of such children are, therefore, the averages for 7-year-olds. On the contrary, if children born in 1903 are examined in 1910, groups of 6-year-olds and 7-year-olds are examined whose average age is not 6 years 6 months, and 7 years 6 months, but 6 years 8 months and 7 years 4 months. This assumes that an equal number of births have occurred, and that equal numbers of children are examined on each day of the year.

To shew how this result was arrived at, and at the same time to provide an easy means for calculation, a specimen table, given below, has been prepared. It assumes that 24 children were born in each month, and at equal intervals throughout 1909. During 1910 24 children were examined each month, two children being taken born in each month of 1909.

They are grouped according to the month of examination, and also according as to whether they were under or over 12 months.

Table shewing the average age of children born during 1909*, in any month during 1910*

Examined in 1910.	Number under 12 months.	Average age in months.	Total months.	Number over 12 months.	Average age in months.	Total months.	Total examined.	Average age.
In January	23	6.23	143 5	1	12. 5	12.5	24	6.5
,, February	21	6 73	141.5	3	12.83	38.5	24	7.5
,, March	19	6.18	137.5	5	13. 3	66.5	24	8.5
,, April	17	7.73	131.5	7	13.78	96.5	24	9.5
,, May	15	8.23	123.5	9	14.27	128.5	24	10.5
,, June	13	8.73	113.5	11	14.77	162.5	24	11.5
,, July	11	9.22	101.5	13	15.26	198.5	24	12.5
,, August	9	9.72	87.5	15	15.76	236.5	24	13.5
,, September	7	10.21	71.5	17	16.26	276.5	24	14.5
,, October...	5	10. 7	53.5	19	16.76	318.5	24	15.5
,, November	3	11.16	33.5	21	17.26	362.5	24	16.5
,, December	1	11. 5	11.5	23	17.76	408.5	24	17.5
Totals	144	7.98	1150	144	15.51	2306	288	12

Groups of children aged 1-2, 2-3, 3-4 are not usually classed under the exact average ages $1\frac{1}{2}$, $2\frac{1}{2}$, $3\frac{1}{2}$, but are said to be 1, 2 or 3 months old. The table above groups the children according to their exact average ages.

* By simple addition of a number of years the table can be adapted to calculate the average age of children born in one year and examined in *any* subsequent year.

With such a table to help us it is easy to find out approximately the ages of the children examined who were born in any one year. For instance, the children born in Brighton in 1900 were examined in October and November, 1910. Looking to our table we find that the proportion aged nine years is 8, with a total age $(53\frac{1}{2} + 33\frac{1}{2})$ of 87 months over 9 years, equal to an average age of 9 years and 11 months; similarly, the proportion over 10 examined is 40, with a total of $(318\frac{1}{2} + 362\frac{1}{2})$ 681 months over 9 years, equal to an average age of 10 years and 5 months.

Following exactly similar methods, the ages of children born in 1903 and 1897 have been taken out. These were seen in March, April, May, June, July and September; this gives for the 6 and 12-year-old groups ages of 6 years and 8 months, and 12 years and 8 months, and for the 7 and 13-year-old groups, 7 years, 3 months and 13 years and 3 months.

The table above could also be used for correlating large numbers of results of the examination of children born in certain calendar years and examined, say in the 7th calendar year after. Let us suppose that 20,000 6-year-olds and 10,000 7-year-olds had been examined, all of whom were born in 1903 and examined in 1910.

The total 30,000 : 20,000 = 24 :: 16.

The average age of such children would be that of April and May, or the 6-year-olds would average 6 years, 8 months, at the time of examination.

The following table shews the average height and weight of 6,233 children, classified according to age and sex:—

Boys.

Age.	No. Examined.	Total Weight. kils.	Average Weight. kils.	Average Weight. lbs.	Total Height. cm.	Average Height. cm.	Average Height. ins.
3- 4	63	901.3	14.3	31.5	5862.0	93.0	36.6
4- 5	230	3636.8	15.8	34.8	23067.9	100.3	39.5
5- 6	211	3547.5	16.8	37.0	21934.9	103.9	40.9
*6- 7	428	7587.0	17.7	39.0	43877.0	102.5	40.4
*7- 8	353	7312.2	20.5	45.2	40912.0	110.3	43.4
8- 9	72	1646.2	22.9	50.5	8854.3	123.0	48.4
*9-10	159	4082.0	25.7	56.7	20079.5	126.3	49·7
*10-11	798	23625.5	29.6	65.3	110982.6	139.0	54·7
11-12	80	2310.9	28.9	63 7	10317.5	129.0	50.8
*12-13	461	15434.5	33.5	73.8	67491.7	146.4	57.6
*13-14	337	11340.2	34.0	75.0	47253.5	140.2	55.2
14-15	8	281.0	35.1	77.4	1174.0	146.7	57.8
Total ..	3200						

Girls.

Age.	No. Examined.	Total Weight. kils.	Average Weight. kils.	Average Weight. lbs.	Total Height. cm.	Average Height. cm.	Average Height. ins.
3- 4	48	664.9	14.0	30.9	4385.5	91.2	35.9
4- 5	180	2830.5	15.7	34.6	17651.6	98.0	38.6
5- 6	219	3693.4	16.9	37.2	22917.0	104.6	41.2
*6- 7	368	6751.5	18.3	40.3	40434.1	110.0	43.3
*7- 8	352	6635.0	19.1	42.1	39921.7	113.4	44.7
8- 9	86	1952.9	22.7	50.0	10457.5	121.6	47.9
*9-10	210	6567.1	29.1	64.2	25432.0	125.8	49.5
*10-11	709	20115.2	29.9	65.9	101464.6	131.3	51.7
11-12	98	3275.0	32.3	71.2	11931.5	131.9	51.9
*12-13	398	13411.2	33.7	74.3	57765.2	147.4	58.0
*13-14	359	13249.4	36.9	81.4	53086.9	147.9	58.2
14-15	6	269.5	44.9	99.0	911.0	151.8	59.8
Total ..	3033						

*Ages in years ..	6-7	7-8	9-10	10-11	12-13	13-14
*Calculated average age in years ..	$6\frac{8}{12}$	$7\frac{3}{12}$	$9\frac{11}{12}$	$10\frac{5}{12}$	$12\frac{8}{12}$	$13\frac{3}{12}$

Both height and weight records for 1910 shew generally a slight rise over those of 1909.

The systematic feeding of those children needing meals, which has been regularly carried out since 1898, must help to raise the standard of physique among the poorer children.

As a means of estimating "nutrition" apart from "physique," the relation of weight to height has been employed. In order to do this a table must be constructed shewing the average weight at a definite series of height measurements. This has been done for 19,600 records of Brighton children. The measurements are taken from the records of 1908, 1909, and 1910 collectively. The next table shews these measurements at certain heights—the complete table being too long for publication. Such a table is of great

assistance in determining if a child is poorly nourished; and this provides a quick method of distinguishing whether or not it requires free meals. A child which is not up to the proper weight for a certain height is more in need of feeding than is a child below *both* weight and height standard for its age, but with an average height-weight ratio; the latter child is well nourished, and its deficiency in general physique is often due to other causes than improper or insufficient food.

	Girls.		*Boys.*	
Height in cm.	*No. examined.*	*Weight in kilo. (average)*	*No. examined.*	*Weight in kilo. (average)*
85	112	12.4	96	13.3
90	364	14.0	367	13.9
95	703	14.9	699	14.7
100	988	16.0	1065	16.0
105	1270	18.0	1344	17.5
110	1475	18.5	1477	18.8
115	1360	20.5	1303	20.3
120	979	23.7	1079	22.4
125	883	24.4	879	24.0
130	959	27.1	1051	26.7
135	1079	29.3	1173	27.8
140	1059	33.0	1247	34.4
*145	999	35.4	1029	33.2
150	699	39.1	635	36.1
155	425	40.7	287	40.3
160	140	45.6	87	44.6
165	26	48.6	40	47.1

*At this point the influence of puberty on the weight of the girl begins to be prominent, the increase in weight continues to the end of the table.

Each height number and the corresponding weight represents the average of the five numbers of which it is the centre, *e.g.*, the totals for 100 are those of 98, 99, *100*, 101, 102 cm.

Cleanliness, &c.

(4) *Clothing.*—The condition of the clothing is an index primarily of the social status, and secondarily of the economic conditions under which the child is living. It is of interest from the medical point of view inasmuch as neglect of cleanliness, &c., goes hand in hand with neglect of the body.

The following table shews the results of examination in regard to clothing and footgear of 3,229 boys and 3,044 girls.

	Boys.	*Girls.*	*Total.*
	Per cent.	Per cent.	Per cent.
Clothing—Good	61	71.5	65.6
Moderate	36	27	32
Bad	3	1.5	2.4
Footgear—Good	65	71	68
Moderate	29	23	26
Bad	6	6	6

From this it will be seen that girls are better clothed and have better footgear than boys. In view of the rougher usage to which the latter subject their boots, &c., this is to be expected.

There are at present several voluntary agencies by which children with inadequate clothing and footgear are provided with a suitable outfit. The Education Committee controls the " Tindal Robertson Boot Fund " for the

provision of boots for poor children, while the Fund originated by the Brighton Police for providing complete outfits of clothing and footgear is in every way a great help to parents of the poorer classes. From the latter Fund, 634 children have been thus equipped during this present season; the scheme however extends further than this, since deserving children on leaving school are given suitable outfits for the position which they intend to take up This is of especial value with regard to girls, many of whom cannot go out to service because of the ragged condition of their clothes.

The Children's New Year Boot Fund, a voluntary association, provides a great number of children with boots. During 1910-11, 3,550 pairs of boots have been provided for children attending elementary schools; moreover, all cripple children in the district receive a special pair of boots suited to their requirements. A certain number of children are provided with clothing by the Salvation Army Officers and certain charitable associations.

(8). *Body.*—The following table shews the results of examination of 3,229 boys and 3,044 girls (6,273 children).

State of body.	*Boys per cent.*	*Girls per cent.*	*Total*
Clean	64.7 ...	62.5 ...	63.8
Slightly bitten ...	30.3 ...	33.5 ...	31.8
Badly bitten	3.1 ...	2.3 ...	2.7
Body lice	.8 ...	1.1 ...	.9
Very dirty	1.1 ...	.6 ...	.8

(8) *Hair.*—The condition of the hair was investigated in all cases. The results of this examination have been classified under various headings, and are shewn in the next table.

Comparative tables for 1908 and 1909 have been given also.

	Boys.			Girls.		
	Per cent.			Per cent.		
	1908.	1909.	1910.	1908.	1909.	1910.
Clean (free from nits) ...	82.8	90.6	94.1	48.6	53.5	55.8
Nits (moderate)	17.0	9.0	5.7	50.0	42.4	39.0
Nits (excessive or lice) ...	.2	.4	.2	1.4	4.1	5.2
Seborrhœa	2.0	4.5	4.6	1.0	3.3	3.4
Ringworm	1.2	1.7	1.5	.3	1.1	.9
Impetigo	.1	.1	.1	.3	.2	.3

It will be noticed, from the above table, that the percentage of children with clean heads has risen, in the case of boys 12%, and in girls 7%, during the last three years, and this although a more searching examination has been made during 1910; this improvement is therefore greater than is apparent from the above records.

Cleanliness of Scalp.

The invariable rejoinder of parents to the question, "How often is your child's head washed?" is "Once a week." Among the poorer classes the

scalps of the children frequently shew an accumulation of scales and dirt which can only have been brought about by a consistent neglect of washing of the head—in some cases, probably for months.

The following table, prepared from the School Nurse's fortnightly reports, gives some idea of the amount of work which these conditions entail. The figures refer to the number of *examinations* made, and not to the number of cases, which were, of course, much less.

	No. of Examinations.		
	1908	1909	1910
Verminous condition of head and body ...	10829	13734	15154
Ringworm	218	942	256
Scabies	36	89	12
Eczema and Impetigo ...	610	417	216
Other conditions ...	2049	—	141
	13742	15182	15779

The number of visits to School Departments for the purpose of securing cleanliness was 1,039, and the number of visits made to homes, in order to instruct the parents as to their responsibilities and as to how to carry out cleansing processes, was 749.

During the routine inspection by the School Doctor, 206 badly verminous cases, *i.e*, 3.2 per cent. of the total inspected, were found.

Co operation with the Sanitary Authority in Dealing with Verminous Cases.

After an experience of three years supervision of the work done by the School Nurse, it is possible to say that a great deal of the trouble caused by verminous conditions may be attributed to quite a limited number of families. The members of these families are continually under supervision and are regularly receiving cards of instruction as to cleanliness from the School Nurse, or at the School Clinic. They periodically attend the Clinic for impetigo of the scalp, caused by neglect of ordinary cleanliness. It is more especially to this group that our attention has been directed during 1910. Cleansing was undertaken at the Sanatorium. The School Nurse was instructed to select certain families, and to give the parents instructions to send the whole of the family up to be cleansed. The parents and those not of school age were also invited to attend, and notice was given that the Sanitary Authority would be prepared, free of expense, to disinfect all bedding, etc.

Number of Persons Cleansed and Their Condition.

Age.	Head Lice.	Body Lice.	Head and Body Lice.	Other Conditions.
Mothers	1	—	5	—
Others over school age...	6	—	2	—
10—14	20	5	52	2
5—10	26	2	54	2
Under 5	3	1	10	—
	56	8	123	4

Total cleansed who suffered from verminous conditions, 187. These belonged to 56 families.

The period of detention at the Sanatorium is from 10—12.30.

The clothes worn by all the above persons were steam disinfected, whilst they themselves were bathed and cleansed.

The bedding and other articles from 15 houses were called for, disinfected and returned on the same day as the personal cleansing took place.

In many cases we have been unable to induce parents to attend, and frequently permission is refused to remove the bedding; the result being that there is, after a period, a relapse owing to re-infection from the bedding or some member of the family who has not been cleansed.

For a time, however, the results have been satisfactory from the school point of view; cleansing is more rapidly and efficiently performed at the Sanatorium than at home, and there is less loss of attendance owing to a diminished number of exclusions from school.

The method of dealing with refractory cases has been that generally employed here during the last three or four years, viz., exclusion of the child, and prosecution of the parent under the School Attendance Bye-laws. During the latter part of the year two children were removed under the "cleansing" clauses of the Children Act, 1908 (s.122), and were compulsorily cleansed at the Sanatorium.

The real solution of this difficulty lies, not in the hands of the Public Health Authority, but in that of the Education Authority. Education of the parents may be enforced by prosecution, but generally it is a failure. The older girls must, by suitable teaching in the domestic economy and home management courses, be made to realize the disgrace of neglecting the care of the hair and skin. If such teaching be adequately and sympathetically carried out, and especially if it be combined with frequent examinations by the class teacher, then one may begin to look for some marked advance in the solution of this problem. Until then, however, it will be necessary for the Public Health and Education Authorities to work together for the suppression of this form of uncleanliness. More attention is now being paid by the Head Teachers of departments in regard to this problem, and the results obtained where careful supervision is exercised well repay the trouble taken. Children applying for admission and found to be verminous, should be referred to the School Doctor for examination—much trouble arising from exclusion for uncleanliness will be thus obviated, if the parent is, at the outset, given distinctly to understand that neglect of this kind is a perfectly reasonable ground for non-admission.

The custom of allowing children to attend without hats or caps is becoming more noticeable, especially in summer, and may certainly be encouraged, as it is not improbable that some cases of accidental pediculosis have their origin in the cloak room. The Education Authority have notified the teaching staff in the Boys' and Girls' Departments of the necessity of providing a separate numbered peg for each child, and it should be one of the monitor's duties to see that children use the proper pegs.

(7) *Nutrition.*—In accordance with the suggestion of the Chief Medical Officer to the Board of Education, nutrition has been classified in four grades:—

Number examined: 6273.

State of Nutrition.	Boys. per cent.	Girls. per cent.	Total. per cent.
Good	34.8	47.0	40.4
Normal	41.4	33.3	37.4
Subnormal	22.8	18.6	21.1
Bad	1.0	1.1	1.1

Girls shew a higher grade of nutrition than boys; this has been frequently noticed in making examinations of children requiring free meals.

It will be noted that 22% of the children shew well marked signs of malnutrition.

(10) Defects and Diseases of the Nose and Throat.

Mouth Breathers.—In the examination of 6,273 children, this defect was noticed in 813, *i.e.*, 13%. In 1909 the percentage of mouth-breathers was 22, hence there is a large fall in the number for 1910. This is probably due to the much greater attention now being paid by the teaching staff to the correction of this defect, by drawing the children's attention to it, by insisting on the proper use of handkerchiefs, and by the routine use of breathing exercises. The operative treatment of many adenoid cases has undoubtedly assisted also. From the next table, shewing incidence according to age and sex, it will be seen that this condition is more common among males than females, and that it diminishes in the later years of school life, probably owing to the better control of older children over the habit and to the treatment of adenoid cases in the earlier years. The irregular and rather high incidence in intervening years is due to the selection by teachers of children to be examined for adenoids and nasal obstruction.

The numbers and percentages given are inclusive of adenoid cases.

	Boys.			*Girls.*	
Age.	Number examined.	Per cent. Mouth-breathers, including adenoid cases.		Number examined.	Per cent. Mouth-breathers, including adenoid cases.
3	63	11.1	...	48	—
4	234	12.8	...	181	9.9
5	211	19.9	...	221	12.2
6	398	18.3	...	368	11.9
7	357	16.8	...	352	15.0
8	72	16.0	...	86	22.0
9	160	7.5	...	210	10.5
10	828	13.1	...	699	11.2
11	81	17.3	...	98	12.2
12	480	12.5	...	412	10.0
13	338	14.8	...	360	6.9
14	7	—	...	9	—
Total	3229	14.6	...	3044	11.2

Adenoids, with or without enlarged tonsils, were responsible for 48 per cent. of mouth-breathers among boys, and 80 per cent. among girls, or 62 per cent. for all children examined. The remaining 38 per cent. of cases were due to temporary colds, or very much more frequently to the formation of a "habit," often associated with the neglect of the handkerchief.

The percentage of cases due to adenoids is much larger than in 1909 (30%); this shews that the number of cases due to the formation of a habit is much smaller; probably this is the result of the greater care given by teachers to the correction of this defect, and to the greater efficiency of their teaching. More care should however be given in the teaching of the use of handkerchiefs It should be a routine practice, before commencing breathing exercises, to hold a "handkerchief parade." If this be done regularly, the number of children bringing handkerchiefs to school will be found to increase rapidly.

The education of children of infant departments in the use of the handkerchief should be taken seriously, as much trouble will be obviated in later years, if the child be taught to clear the nose properly. In several infants' departments much attention is already given; handkerchiefs are made by the older infants or by children in the girls departments, and are sold at a nominal price of ½d. or 1d. to the children. This might be made a routine practice in all departments, especially in schools of the poorer neighbourhoods.

A special enquiry was made in regard to the number of children bringing handkerchiefs regularly to school. Three schools were selected; one with children of high social grade, one with children of low social grade, and another with a moderate social type, but in which much attention had been given to this subject, especially in the infants' department.

The following table shews the result of this inquiry.

Type of School.	No. in attendance.	% with Handkerchiefs.		
		Boys.	Girls.	Infants.
1. High grade ...	1,090	93	74	73
2. Moderate grade ...	1,053	64	62	91
3. Low grade	524	61	38	20

With the exception of No. 2 school, the boys were found to shew the largest percentage. The high percentage with handkerchiefs in No. 2 school infants' department, shews what can be accomplished by persistent work in this direction.

The attention of teachers has been repeatedly drawn to the defect of mouth breathing and its associations, and it has been recommended that instruction in breathing exercises should be frequently and systematically carried out. This is now being done in the elementary schools. In this drill two points are essentially of importance—the use of the handkerchief before drill, and the thorough ventilation of the room during drill. It has also been noticed that during drill too great an exertion is made, often accompanied by overaction of the facial muscles; this is quite unnecessary and is indeed harmful, since the child subsequently associates this drill with the idea of hard work and consequently is not inclined to follow it up at home.

A special circular is now issued to the parents of all mouth breathers, especially to post-adenoid cases, drawing attention to the necessity of such exercises at home, and for the home control of the condition. The circular is given in full below.

FORM 8 M.I.

Education Committee for the County Borough of Brighton.

EDUCATION OFFICES,
54, OLD STEINE,
BRIGHTON.

MOUTH BREATHERS.

Your child has developed the bad habit of breathing through the mouth instead of through the nose. As this habit is directly responsible for a great deal of throat and chest trouble, and is associated with an increased liability to scarlet fever and diphtheria, you are strongly advised to adopt the following measures, which, if *regularly* carried out, will cure this condition. In cases in which mouth breathing is caused by adenoids (growths at the back

of the nose) and enlarged tonsils, the same exercises should be carried out daily for six months at least after operation. By these means a return of these growths is prevented. The nose *warms* and *filters* the air which is breathed in.

The child should also be taught the regular use of a handkerchief, and should always be provided with one.

The Exercises.

1.—These should be performed for 10 minutes every morning immediately on rising from bed, and for 10 minutes every evening before going to bed.

2.—While the exercises are being done the windows of the bedroom should be open, and there should be as little clothing on the chest as convenient. The nose should be properly cleared.

3.—The child should stand in the position of " attention," with the lips closed.

4.—The child should then breathe in through the nose, *slowly and deeply*, so as to fully expand the chest. The chest is then emptied by breathing out quietly and steadily through the nose. This should be done at least 100 times morning and evening.

5.—After the child has absolutely mastered the above exercise, the same movements with simple movements of the arms may be carried out.

During the day the child should be constantly corrected until the habit is checked.

Nasal Obstruction.—Partial obstruction was found in 393 boys, *i.e.*, 12.1 per cent., and in 391 girls., *i.e.*, 12.8 per cent.

A high degree of obstruction was present in 3.2 per cent. of children. The causes of obstruction are given approximately:—

	Boys %	Girls %.
Adenoids	45 ...	55
Nasal Catarrh	37 ...	40
Deviation of Septum ...	18 ...	5

Deviation of the septum nasi was found in 118 children, *i.e.*, 1.9 per cent.; it was three times more frequent among boys than girls.

Nasal or nasopharyngeal catarrh was present in about 5 per cent. of cases.

Adenoids and Enlarged Tonsils.—6,073 children examined; the following were found to have adenoids or enlarged tonsils or both:—

	Adenoids.	*Adenoids with much Enlarged Tonsils.*	*Enlarged Tonsils.*	*Total.*
Boys ...	171 ...	56 ...	109 ...	336
Girls ...	206 ...	68 ...	130 ...	404
Total ...	377 ...	124 ...	239 ...	740
Per cent.	6.0 ...	1.9 ...	3.8 ...	11.8

This table may be re-arranged as follows:—

	Boys.		*Girls.*	
	No.	Per cent.	No.	Per cent.
Adenoids	227	7.0 ...	274	9.0
Enlarged tonsils	165	5.1 ...	198	6.5

The following table shews the age and sex incidence:—

Age.	No. examined.	Adenoids per cent.	Tonsils per cent. Slight enlargement.	Tonsils per cent. Much enlargement.	No. examined.	Adenoids per cent.	Tonsils per cent. Slight enlargement.	Tonsils per cent. Much enlargement.
3	63	7.9	31.8	3.2	48	—	20.8	—
4	234	8.9	26.0	9.4	181	8 8	20.9	5.5
5	211	12.8	18.0	7.6	221	12.7	22.6	6.8
6	398	9.3	19.6	5.3	368	11.7	26.6	6.8
7	357	9.2	16.8	4.8	352	11.9	21.6	8.0
8	72	11.1	26.4	6.9	86	11.6	26.7	2.3
9	160	4.4	10.6	3.7	210	10.0	19.0	3.8
10	828	6.1	14.9	3.7	699	8.9	18.5	7.2
11	81	2·4	13.6	3.7	98	8.2	16.3	6.1
12	480	4.2	19.4	5.2	412	4.6	22.3	5.8
13	338	4.7	16.3	5.0	360	6.4	21.1	8.3
14	7	—	28.6	—	9	—	—	—
Totals	3229	7.0	17.9	5.1	3044	9.0	21.3	6.5

The percentage incidence for both adenoids and enlarged tonsils is rather higher at most ages among girls than among boys.

There is noticeable in this table a gradual diminution of the defect with increasing age; this is to be ascribed more to operative measures than to a passage being provided by growth of surrounding parts.

Remarks on Treatment.—Operative treatment was necessary in many of these cases. The cases may be grouped as follows:—

	Operation necessary.	*Advice, Exercises, &c.*
Adenoids, Enlarged Tonsils, or both ...	389 ...	146

The number of cases in which operation has been performed (up to March, 1911) is 213, *i.e.*, 55 per cent. of those requiring operation. This subject is mentioned further in Section (F), p. 121.

Year.	Recommended for Treatment.	% Operated upon.
1908 ...	330 ...	45
1909 ...	594 ...	48
1910 ...	389 ...	55

Other Conditions.

Goitre was found in 1 boy and in 10 girls; in 7 out of the 11 cases the child was aged 12 or 13; the goitre was of the simple parenchymatous type associated with puberty.

Glands.—In the anterior group are included the submaxillary, superficial and deep cervical and tonsillar glands; in the posterior group the suboccipital and posterior cervical.

		Boys, per cent.	Girls, per cent.
Anterior group	Slight enlargement ...	64 ...	63
	Marked enlargement ...	1.3 ...	1.4
	Tuberculosis	.2	
Posterior group	Hard and Palpable ...	31 ...	36
	Enlarged	.1 ...	.1

The anterior gland enlargement is due chiefly to dental caries and tonsillar enlargement; the posterior to pediculosis.

Tuberculosis of the anterior glands was found in 12 children. Scars of tubercular glands were met with in 23 boys and 27 girls, *i.e.*, ·8 per cent. of cases.

Scars, probably due to septic abscess of the neck, were found in 6 cases.

(9) Teeth.

The enumeration of carious teeth requires instrumental investigation, and if carefully done, almost doubles the length of time for inspection; hence, in the inspection during 1909, a classification (slightly modified) issued by the Dental Association has been adopted. Three groups of conditions are specified:—

X. Teeth good or fair; no marked loss of masticating power; caries not more than 6 teeth.
Y. Considerable loss of masticating power; all molars carious, generally other teeth also shew caries.
Z. Teeth very carious; suppuration; and sinuses.

The following table shews the percentages in these groups at all ages:—

	Boys.		Girls.
X.	73.6	...	73.3
Y.	25.0	...	25.8
Z.	1.4	...	.9

i.e., the teeth in 73 per cent. are in fair or good condition; in 27 per cent. they are bad.

In 110 cases (1.7 per cent.) there was periostitis associated with carious teeth; generally a sinus was present; severe stomatitis was present in 3 cases.

(13) Ear Disease.

Otorrhœa was present, at the time of inspection, in 94 cases out of 6273 children, *i.e.*, 1.5 per cent.

A definite history of previous otorrhœa was obtained in 446 cases, *i.e.*, 7 per cent. of children examined, and this is probably an underestimation of the true number who had suffered previously with this trouble.

Deafness was due to impaction of wax in 168 cases, *i.e.*, 2.6 per cent.

(14) Hearing

was tested with a watch for each ear separately; the watch was easily audible to a normal ear at 36 inches.

The following table shews the results of these tests for children between 6 and 14 years of age (5315).

Very deaf ...	2.2	(watch inaudible at 6 inches	from	each	ear).			
Deaf ...	4.3	,,	,,	12	,,	,,	,,	,,
Slightly deaf	12.4	,,	,,	18	,,	,,	,,	,,

The common causes of deafness were:—

1. Cerumen.
2. Perforation of the tympanic membrane, with or without otorrhœa.
3. Adenoids, or throat deafness.

Of these, the last (in the absence of previous inflammation and destruction of the middle ear) is curable by removal of the adenoids. As a very considerable number of children with deafness have adenoids, it is probable that, with operative measures, the amount of deafness among school children will decrease markedly in succeeding years.

Re-examination of many cases, previously examined in 1908, 1909, and 1910, and recommended to have operations for adenoids and deafness, have shewn that there has, almost universally, been great improvement in the power of hearing, and in many cases the parents have personally expressed their gratitude for the advice given.

(11) Diseases of the Eye.

6,273 children were examined.

Ciliary blepharitis (sore lids).—188 cases, *i.e.*, 3.0 per cent; neglected cases are treated at the Skin Clinic. Styes were present in 20 children, *i.e.*, .3 per cent.

Conjunctivitis.—40 cases, *i.e.*, .7 per cent. In 9 of these cases phlyctenules were present. Corneal ulcers were found in 6 cases.

Opacities.—Nebulæ, 35 cases; leucoma, 8 cases; cataract, 3; scar of perforating wound, 2. Total 48, *i.e.*, .8 per cent.

Other Conditions.—Nystagmus, 5 cases; synechiæ, 4; blepharospasm, 4; ptosis, 14; heterochromidia iridis, 12; keratitis, 1; coloboma iridis, 2; exophthalmos, 3; microphthalmos, 1; hemeralopia, 1. Total, 47.

Total eye defects and diseases (excluding blepharitis and errors of refraction) 135 cases, *i.e.*, 2.1 per cent.

(12) Vision.

All children of six and over, who were able to read, were tested as previously described.

The number of children tested was 5,299, a percentage of 84 on the total inspected at all ages.

The next table shews a summary of the results thus obtained; statistics from all ages are included.

The numbers in each square shew the total cases with vision corresponding with degree marked on the vertical line (L. eye) and top line (R. eye), *e.g.*, there were 2,936 children with equal vision of $\frac{6}{6}$ in R. and L. eyes, and 110 children with vision of $\frac{6}{9}$ in R. eye and $\frac{6}{6}$ in the L. eye, and so on.

The record of visual power with spectacles is taken when the child is wearing these.

Total Examined.—Boys, 2,714; girls, 2,585.

		$\frac{6}{6}$	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	Less than $\frac{6}{60}$
	$\frac{6}{6}$	2936	110	13	9	6	9	1	10
	$\frac{6}{9}$	55	1218	59	54	14	16	6	12
	$\frac{6}{12}$	12	33	142	37	5	3	—	5
	$\frac{6}{18}$	14	46	22	134	21	11	3	2
	$\frac{6}{24}$	6	18	11	15	20	6	—	—
	$\frac{6}{36}$	9	22	9	11	4	24	3	1
	$\frac{6}{60}$	6	12	4	2	1	3	3	1
Less than	$\frac{6}{60}$	6	11	1	3	—	2	1	13

53 children were unable to read, *i.e.*, 1 %.

From this table the following facts may be obtained:—

1. The number of children with equal vision in each eye is 4,490, *i e.*, 85.6 per cent. of the total examined.
2. The number with better vision in the right eye than the left is 339 (6.4 per cent.); with better vision in the left eye is 417 (7.9 per cent.); or 14 per cent. of the children have unequal vision in the two eyes.

The next table shews, in a more popular manner, the approximate degree of visual power.

	Boys, per cent.				Girls, per cent.			
Age.	No. Examined.	*Good or Fair.	Moderate.	Bad.	No. Examined.	Good or Fair.	Moderate.	Bad.
6	380	93.7	2.4	3.9	353	87.0	9.0	4.0
7	347	88.8	5.5	5.8	346	88.4	6.0	5.5
8	72	84.7	5.5	9.7	85	94.1	1.1	4.7
9	160	90.6	3.8	5.6	208	86.0	5.3	8.6
10	827	92.9	2.4	4.7	699	88.9	5.0	6.0
11	81	74.0	7.4	18.5	98	80.6	5.1	14.3
12	480	93.8	3.1	3.1	412	89.0	6.0	4.9
13	338	92.6	4.7	2.6	360	89.4	3.9	6.7
Totals ...	2,685	91.7	3.5	4.8	2,561	88.3	5.6	6.0
Totals, 1909	3,121	90.8	3.2	6.0	3,118	89.1	4.1	6.8

*In this table "good or fair" vision = $\frac{6}{6}$ or $\frac{6}{9}$, "moderate" = $\frac{6}{12}$, "bad" = $\frac{6}{18}$ and over.

The high percentages of bad cases at 8 and 11 in the boys, and at 9 and 11 in the girls are probably due to selection of defective children of these ages by the Head Teacher for special examinaton, thus " overloading " the statistics for these ages. As usual, it will be noted that girls have worse vision than boys; the percentages in each group are distinctly higher.

The low percentage of boys at ages 12 and 13 with bad vision is interesting; it is probably due to more effective treatment of these cases, and to a larger number wearing spectacles than formerly. There is not, however, so marked a diminution among the girls. The same result was noticeable in the 1909 records.

The number of boys wearing spectacles when examined was 104 (3.8 per cent.); of girls, 130 (5 per cent.); thus, although a higher percentage of girls already have their vision corrected, yet the statistics shew vision to be worse practically at all ages among girls. It is probably that the cause is environmental largely, the factors being strain produced by sewing, reading, and the diminished amount of outdoor exercises as compared with boys.

Errors of Refraction, &c.—Taking the capability to read a line with the naked eye and then with a + 1 lens in front of the eye, to indicate hypermetropia, one may summarise the results obtained thus:—

	Male (2,685) Per cent.		*Female* (2,561). Per cent.
*Hypermetropia with or without astigmatism	40.9	...	44.4
Myopia with or without astigmatism	13.3	...	13.4
Squint	1.9	...	2.1
Eye strain	.4	...	.7
Opacities	.6	...	.8

*A considerable percentage of the cases in this group read $\frac{6}{6}$ with and without a + 1 lens; for all practical purposes they have normal vision. Most of these cases occur in young children whose power of accommodation is always high.

Strabismus (Squint).—Convergent squint was found in 102 cases; divergent in 2. A considerable degree of partial blindness in the squinting eye was common. The necessity for early treatment is not yet recognised by parents.

Opacities.—In 36 cases there was defect of vision from opacities of the cornea or lens. The degree of interference with vision was less than might have been expected. This is shewn in the following table:—

	Vision.		
Opacity.	$\frac{6}{12}$ or under.		$\frac{6}{18}$ or over.
Unilateral	13	...	12
Bilateral	2	...	9
Total	15	...	21

Eye strain was met with in considerable degree in 27 cases, most of which were recommended for treatment. This condition is one of the common causes of " school headaches."

The Education of the Visually Defective or Partially Blind Child.—Provision is made at present for that group of " blind " children defined by the Act of 1893 (Elementary Education—Blind and Deaf Children), as so defective in vision as to be unable to read the ordinary school books. In addition to such children there is a much larger group of visually defective children who, while able to stumble through, slowly and inaccurately, the more elementary reading books with fairly large print, are yet far behind the children of similar age. Most of the children in this group have opacities of

the refractive media resulting from previous corneal ulceration and inflammation, or have cataracts or diseases of the posterior layers of the eye. There is, in addition to these, another large group suffering from high degrees of astigmatism, myopia, or hypermetropia, sometimes associated with nystagmus, which cannot be completely corrected by spectacles. There are a fair number of such children in the schools at present, in whom, even with spectacles, the vision is not better than $\frac{6}{24}$ or $\frac{6}{36}$.

In all these cases the attempt to carry on the ordinary work of the curriculum is accompanied by severe eye strain with the usual accompaniments, and, unfortunately in many cases, a marked tendency to increase the progress of the disease.

Diseases of the posterior portions of the eye and high degrees of myopia in young children are the conditions in which danger is most to be apprehended.

Under the present circumstances the policy of giving a suitable position in the class and limiting all " near work," *i.e.*, reading, writing, and especially needlework, has been followed. Such limitation or stoppage of particular subjects, while in the interest of the child physically, is not to its educational advantage.

It is therefore advisable that, as soon as possible, special classes should be started for such children. The teaching in such classes will, in a considerable degree, be necessarily directed to instruction through other senses, *i.e.*, through the senses of hearing and touch. The classes will be small, not exceeding 20 or 25 children. Manual and industrial work, not requiring much visual strain, and oral work will form a large part of the training. In a few cases the training will be temporary only, the child returning to the ordinary school routine in a year or so; in most the whole of the school life will be passed in such classes.

These special classes would, doubtless, be recognised by the Board of Education as classes for the Physically Defective and established under the Elementary Education (Defective . . . .) Act, 1899.

A recommendation on the above lines has been made, and has been under consideration by the School Attendance Sub-Committee; the question has, unfortunately, at present been deferred.

During the year 1910, notes were made of all such cases coming under the observation of the School Doctor. The following table shews the number and grouping of these cases:—

(*a*) Recurrent ulceration of cornea and corneal opacities ...	26
(*b*) High myopia	18
(*c*) High hypermetropia and astigmatism	5
(*d*) Organic diseases of the eye	7
(*e*) Nystagmus	7
(*f*) Diseases of nervous origin with eye defects	3
(*h*) Cataract	8
	74

Of these three are now in an Institute for the Blind; two attend the special school for mentally defective children, and two are on no school roll. A considerable number of children in the first group would attend special classes temporarily, *e.g.*, for 1 to 2 years, after which it would be possible to transfer them to the ordinary elementary school classes.

Such classes have been successfully established in Nottingham and by the L.C.C. Education Authority (for progressive myopia only).

Recommendation for Treatment.—Children with vision of $\frac{6}{18}$ or less, with strabismus without great amblyopia, and with signs or symptoms of eye strain were recommended to seek treatment, or were given advice. The number of cases thus recommended was 332 (5.2 per cent.), of which 11 were advised only, leaving 321 to get medical treatment.

	Number recommended for treatment.		Number seen during inspection.
Error of refraction $\frac{6}{18}$ or greater error	226	...	234
Squint	61	...	64
Eye strain	34	...	34
	321	...	332

The number of children who have spectacles (up to March, 1911) is 195, *i.e.*, 61 per cent.

Year.	Recommended for treatment.		% obtaining spectacles.
1908	392	...	55
1909	505	...	58
1910	321	...	61

(17) Diseases of the Heart.

In 330 cases, *i.e.*, 5.2 per cent., a haemic murmur was present over the heart area. In most cases this has very little significance, especially in young children with thin chest walls.

In 34 cases (.5 per cent.) functional disease of the heart was diagnosed, while in 35 (.5 per cent.) organic heart disease was present. The following were the lesions:—

Mitral regurgitation	30
Mitral stenosis and regurgitation	1
Mitral stenosis	2
Congenital morbus cordis	2

In almost all cases of acquired heart disease, a history of previous rheumatism, rheumatic fever, chorea or other rheumatic manifestations was obtained.

Exclusion from drill or a modified drill was suggested where organic disease was present; most of these children were allowed to continue at games with certain restrictions. The parents were seen in every case and were instructed as to general management of the child's health, especial stress being laid on the early and thorough treatment of rheumatic manifestations in certain cases.

A considerable degree of anæmia was found in 335 children, *i.e.*, 5.3 per cent. It is moderately common in a slight degree among school children of the poorer classes, generally owing to social conditions, over crowding, closed windows, and lack of proper nourishment.

(18) Diseases of the Lungs.

A sub-acute bronchial catarrh is the condition most frequently met with It was present in 70 children, *i.e.*, 1.1 per cent. It is generally associated with adenoids or " mouth breathing," especially in rickety children during the winter months.

Bronchitis was found in 17 cases, *i.e.*, .3 per cent.

Seven cases of asthma were found; and one of enlarged bronchial glands.

Phthisis is discussed under tuberculosis, page 113.

(19) Diseases of the Nervous System.

Chorea.—6 cases were found, of which 4 occurred among girls. Exclusion is generally necessary, and a subsequent examination is made for other rheumatic lesions.

Neurosis.—118 children (1.9 per cent.) were found to have some form of neurosis in a considerable degree; generally night terrors, sleep talking or walking, or habit spasm. In many of these cases temporary exclusion or limitation of lessons is necessary; the open air school would be the ideal place for the education of this group.

Enuresis was present in 28 cases; migraine in 2.

Epilepsy.—14 children, *i.e.*, .2 per cent., were found to have some form of this disease. At present there are 4 children in Institutions for the Epileptic; most of those seen this year are not suitable cases for residential institutions.

Mental Deficiency.—The following were the types among 45 children in the special school.

Hydrocephalic, 1; Mongolian, 4; Epileptic, 4; Associated with cerebral paralysis, &c., 6; Post febrile, 1; Genetous, 29.

Paralyses.—The following were the lesions observed:—

Infantile paralysis: 12.

Paralysis of arm: 6.

Paralysis of face (seventh nerve): 4 cases.

Hemiplegia, 1; diplegia, 9; paraplegia, 1; athetosis in 1 case.

Diseases of the Skin.

Pityriasis alba or patchy desquamation on the face and neck is far the commonest condition. It occurred in 516 children, *i.e.*, 8 per cent.

Impetigo of the face was found in 32 cases (.5 per cent.); of the scalp in 14 (.2 per cent.). Eczema in 55 cases (.9 per cent.); seborrhea capitis was present in 4 per cent. of children.

Ringworm of the scalp was found in 51 boys (1.5 per cent.) and 28 girls (.9 per cent.); a total of 79 cases actually found during the routine inspection.

Many of these children have a very chronic form of the disease, the head being very "scurfy" with numerous broken diseased hairs; these cases are undoubtedly the chief means by which infection is spread, and must be excluded definitely for months under any form of drug treatment. The disease is invariably due, in this form, to the resistant small spored fungus, and it is difficult to cure. It was found that some of these children had been treated for "scurf" or "ringworm," and admitted back to school without any medical certificate.

In order to prevent this early return of infective cases into the schools,

the Education Committee passed, in 1909, the following resolution:—" That instructions be issued to the School Medical Officer to examine all children returning to school after being absent on account of ringworm."

In this way we have now a satisfactory check on the re-admission of these cases; no child can now return to the schools without a certificate from the School Medical Officer or School Doctor.

A careful investigation before re-admission is made as to the presence of the fungus.

Ringworm of the body (tinea circinata) was found in 3 cases.

The following were the other conditions found:—multiple papillomata, 56; herpes, 14; acne, 3; lichen urticatus, 8; chronic onychia, 3; scabies, 1, psoriasis, 5; xeroderma, 24; septic sores, 10; naevi, 13; lupus, 3; other diseases and conditions, 17.

An investigation was made in November, 1910, of the average duration of exclusion of children with ringworm of the scalp, and the following statistics were obtained:—

Nov. 1910. No. of children in regular attendance at Clinic for ringworm of scalp, 253.

Records for 1909. No. of children treated, 215; total length of exclusion, 1,136 months (excluding vacation, 1,040 months).

Average duration of exclusion from school, 4.8 months.

A recommendation was made that the Education Authority should establish X-Ray treatment for such cases as the Medical Officer deemed necessary. A sum of £50 was set aside for this purpose in the estimates for 1910-1911.

Deformities.

(a) Acquired Deformities.

Upper Limb and Neck.—Cubitus varus, 4.

Lower Limb.—Secondary talipes equino-varus was found in 4 cases, and valgus in 1 case.

Spine.—Lateral curvature was found in 57 children, *i.e.*, .9 per cent; kyphosis to a well-marked extent in 58 (.9 per cent.); while in 12 cases both these conditions were present in the same child. Lordosis was well marked in 2 cases.

Chest.—The following deformities were found, apart from rickets:—

		Per cent.
Flat chest	109 ...	1.7
Pigeon chest	94 ...	1.5
Funnel chest	24 ...	.4
Barrel chest	1 ...	—

These deformities are usually associated with the presence of adenoids or mouth breathing, or are the result of previous lung diseases. A great improvement might be effected by suitable exercise.

Rickety Deformities.—The following were found: chest, 100 cases (1.6 per cent.); frontal bossing, 161 (2.6 per cent.); curved tibiæ, 74 (1.2 per

cent.); genu valgum, 61 (·9 per cent.); genu varum, 12 (.2 per cent.); curved femora, 2. The deformity in most of the above was slight and needed no special treatment. The percentage of visible deformities is much less at 13 than at 6 or 7 years of age.

(b) Congenital Deformities.

Head.—Bifid uvula, 43 cases (.7 per cent.); cleft palate, 4 cases; hare lip, 5 cases.

Upper Limb and Chest.—Syndactyly, 1; congenital absence of pectoralis major, 1.

Lower Limb.—Talipes eq.-varus, 2; pes cavus, 1; hallux valgus, 1.

Other Congenital Faults.—Mongolian eye folds, 61; accessory auricle. 3; remains of branchial cartilages, 1; supernumerary nipple, 3; bifid thumb, 1; intrauterine amputation of arm, 1.

(20) Tuberculosis.

The following cases were discovered during the routine inspections:—

	Active.	Quiescent.	Per cent.
Tuberculosis of lungs	3	—	.05
Tuberculosis of joints and bones .	1	9	.1
Tuberculosis of glands	1	11	.2
Tuberculosis of skin	3	–	.05
Total	8	20	.4

Tubercular abscess scars in the neck were also found in 50 children (.8 per cent.).

Tubercular lesions were present in 42 boys and 33 girls; altogether 75 cases, *i.e.*, 1.2 per cent. (this includes scars of past lesions and active cases).

All children shewing signs of active tuberculosis of the lungs are excluded from school attendance; this explains the small number discovered during routine inspection. Nine children were notified during 1910 by the School Doctor.

Cases in which a diagnosis of phthisis is doubtful are admitted into the Sanatorium, and watched over a period of a month or six weeks.

All cases seen in the routine inspection have undergone Sanatorium treatment during the year.

A considerable number of children, apart from those discovered in routine inspection, now report themselves regularly for examination and weighing at the Public Health Office; by these means we are enabled to watch the cases and re-admit for Sanatorium treatment when necessary.

The number of notified cases of tuberculosis of the lungs in children still under observation of this age group (3-14) is 92. The next table shews the number notified in each of the last 7 years and still remaining in the group

(in the earlier years children have been notified who have now passed the age of 14, and who thus fall out of the group).

Year.	*Notifications.* *Boys.*	*Girls.*	*Total.*	*Number who have been in the Sanatorium*
1903 ...	1 ...	— ...	1 ...	1
1904 ...	1 ...	1 ...	2 ...	—
1905 ...	3 ...	1 ...	4 ...	1
1906 ...	7 ...	3 ...	10 ...	8
1907 ...	6 ...	4 ...	10 ...	6
1908 ...	13 ...	5 ...	18 ...	12
1909 ...	12 ...	9 ...	21 ...	12
1910 ...	12 ...	14 ...	26 ..	20
Total ...	55 ...	37 ...	92 ...	
Per cent. of 16,000 *children in regular attendance* ...	.34 ...	.23 ...	.57 per cent.	

Visits are now made by the School Doctor to the homes of tuberculous children attending the elementary schools. In the course of these visits the cards, previously mentioned, are filled up; advice is given to the parent regarding dietetic and general hygienic treatment.

(23) Infectious or Contagious Diseases.

Apart from ringworm, scabies, impetigo, and some forms of conjunctivitis, very few cases are seen. During 1910, one case each of measles, whooping cough, and scarlet fever were the only acute infectious diseases found in routine inspection.

(24) Other Diseases or Defects.

The following were found: Herniæ; inguinal, 11; of linea alba, 1; innocent tumours, 8; subluxations, 1; achondroplasia, 1; intestinal parasites, 19; pyuria, 1; subactute rheumatism, 1; mucous dyspepsia, 21; multiple chondromata, 1; osteoma, 1; mastitis, 1; hæmophilia, 1; phimosis, 6.

Vaccination.

The number and approximate size of vaccination scars was noted in each child examined. Out of 6,257 children, 22.3 per cent. shewed no vaccination marks.

The following table shews the results of this examination. It will be noticed that the percentage of children with vaccination scars of one inch and over progressively increases with the age.

Age.	Total Examined.	Percentage with no visible Marks.	Number of Marks.					Size of Marks.					Total Vaccinated.	
			0	1	2	3	4	0	⅛ in.	¼ in.	½ in.	1 in.	Per cent. under 1 in.	Per cent. of 1 in. and over.
3	111	29.8	33	27	18	2	31	33	60	16	1	1	98.7	1.3
4	415	24.0	100	59	81	56	119	100	222	76	15	2	93.3	6.7
5	432	27.0	117	74	85	52	104	117	198	86	28	3	89.2	10.8
6	766	23.7	182	160	149	64	211	182	328	188	61	7	88.7	11.3
7	709	18.2	129	152	158	79	191	129	316	191	62	11	87.2	12.8
8	158	28.5	45	28	24	18	43	45	50	46	13	4	81.4	18.6
9	370	16.2	60	82	81	59	88	60	148	104	53	5	83.5	16.5
10	1527	19.7	301	386	362	175	303	301	596	402	194	34	83.3	16.7
11	179	27.3	49	39	37	17	37	49	62	43	20	5	82.3	17.7
12	892	25.8	230	192	229	62	179	230	190	255	169	48	72.2	27.8
13	698	21.2	148	143	195	77	135	148	144	191	169	46	66.2	33.8
	6257	22.3	1394	1342	1419	661	1441	1394	2314	1598	785	166	82.1	17.9

The percentage proportion of the child population at all ages between 3 and 14 with a vaccination mark of 1 inch or over is only about 18 per cent.

(f) Review of Methods Available for the Treatment of Defects.

Unfortunately, although the parents of all children requiring medical attention are asked to consult their private medical attendants, a large percentage suffer from defects which, for reasons given hereafter, are not treated by these gentlemen. These defects may be classified as follows:—

(1). Children who require spectacles.
(2). Children who require the removal of tonsils or adenoids, or both.
(3). Children suffering from ringworm of the scalp.

Group 3.—Ringworm of the scalp does not affect the general health. It usually requires treatment over a prolonged period. For these reasons a great many parents are unwilling or cannot afford to continue the treatment of the general practitioner.

Groups 1 and 2.—The majority of children requiring spectacles or the removal of tonsils and adenoids are patients of practitioners doing large practices amongst the poor. Even if those practitioners cared to specialise in the required directions, the parents could not afford to pay them adequately for their work. To make it worth doing therefore, the Education Committee would require to pay a part, if not the whole fee.

A meeting of all medical men of Brighton, Hove, and District was called for the 18th November, 1910, by the Secretary of the local branch of the British Medical Association. Some sixty or seventy persons attended the meeting. Whilst the honorary staffs of the hospitals were well represented, it was disappointing to find so few of the men present who, apart from dispensary and hospital practice, do the largest practices amongst the poor in Brighton.

A representative from the British Medical Association addressed the meeting, and thereafter a discussion followed, and schemes, prepared by the British Medical Association, were adopted for recommendation to the various Education Authorities. The details of the scheme deemed suitable for Brighton was laid before the members of the Elementary Schools Sub-Committee on the 5th January, 1911, by representatives of the medical men.

The scheme arranges for the treatment of children with defects at a centre provided by the local authority.

The centre would be managed by a Committee of medical men elected by the general body of Brighton practitioners and responsible to the Brighton Division of tne British Medical Association. No provision is made for the representation of the Education Authority on this Committee by its members or its School Medical Officer. The relation of this Committee of Management to the Education Authority is defined in the following manner by the Secretary of the Organization Committee:—"The Authority would 'control' the Clinic in exactly the same way as it would 'control' a whole-time Officer. A whole-time Officer would arrange his times and duties as appeared best and as approved by the Authority. He would in effect 'manage' his own Clinic. Similarly the suggested Committee of Management would merely 'manage' the Clinic: instead of one man you have a Committee—both equally controlled by the Education Authority."

The staff would be selected by the Committee of Management in accordance with principles approved by the Division and the Education Committee. "Those appointed would act for a limited period fixed in the scheme," and later others would take part in the work according to a rota.

The rate of payment should not be less than £50 per annum for each half day (of two hours) per school week devoted to the work, and should cover professional services only.

The expenses of the Centre should be defrayed by the Education Authority.

Form C of the scheme is as follows:—

"To the Local Education Authority.

"This is to certify that I have seen Registration No. , and that the parents or guardians plead inability to pay for medical treatment."

It is evident that if the patient's own medical man cannot undertake the treatment, or if the parents are unable to pay for treatment, the child will find its way to the part time men working at the Education Committee's Centre; patients will be transferred for treatment from their own medical attendant to other practitioners.

An advocate of this scheme says that the patient is transferred "at the desire" or "with the consent" of the patient's own medical man. In certain cases it would rather be "with the knowledge of" the patient's own medical attendant.

When the Education Committee consider the scheme of the British Medical Association, they should also consider whether it would not be more to their advantage to appoint whole time medical men, responsible to the Education Committee, to undertake, along with medical inspection, as much of the work of treatment as the children's own medical attendants refused, and at the same time to give the general practitioner every assistance at the Education Committee's centre, and to pay him for work done there should he wish to undertake the treatment of his own cases.

The Brighton Education Committee can only act with the approval of the Board of Education, and however anxious they may be to proceed with some scheme similar to that proposed, they must in the first place take advantage "of the benefits of whatever existing institutions, such as hospitals, infirmaries, and dispensaries, are reasonably available in each district" (see page 103 Annual Report for 1909 of the Chief Medical Officer to the Board of Education).

The hospitals in Brighton which undertake the treatment of enlarged tonsils and adenoids, or the prescribing of spectacles are as follows:—

The Sussex County Hospital.
The Throat and Ear Hospital.
The Eye Hospital.
The Children's Hospital.

Each of these hospitals is furnished with first-class out-patient departments.

The Boards of these hospitals have recently been approached by the Education Committee in order that arrangements might be made for the treatment of defective school children. Below I give the gist of their replies:—

"18th February, 1911.

" . . . . the Committee of this Hospital is not prepared to enter into any special arrangement with the Brighton Education Committee for the treatment of School Children."

" 25th February, 1911.

" An arrangement such as you propose would be contrary to the Statutes which govern the working of the Hospital, and the Committee do not think it likely that the Subscribers would be willing to alter the practice, which has always prevailed, of taking the sick poor without payment of any fee."

"10th March, 1911.

" . . . . the following resolution was passed:—'That the Brighton Education Committee be informed that this Hospital does not see its way to enter into any special arrangement with them.'"

In their estimates for the financial year ending March, 1912, the Education Committee has allocated £100 for the purchase of hospital letters.

Table of Proposed Subscriptions.

Hospital.	Amount of Annual Subscription.	Letters of Recommendation for			
		In-patients.	Out-patients.	Total reckoned as Out-patients.	Cost per Out-patient Letter.
	£ s. d.				
Royal Alexandra Hospital for Sick Children ...	15 15 0	60	or 60	60	5s. 3d.
Throat and Ear Hospital ...	21 0 0	12 free 12 paying 7s. per week.	36	120	3s. 6d.
Sussex Eye Hospital ...	21 0 0	15	120	240	1s. 9d.
Royal Sussex County Hospital	21 0 0	15	40	100	4s. 2d.
Dental Hospital ...	5 5 0	...	5 special 3 appliances unlimited general tickets.	—	—
Dispensary ...	5 5 0	...	30	30	3s. 6d.
Total ...	£89 5 0			*550	

* excluding Dental Hospital.

Subscriptions to Hospitals from the Brighton, Hove and District Teachers Association.

This Association has, for the past six years, organized an annual collection in the elementary schools for the Hospitals. The total collected in 1910 was £149 5s. 8d., of which Brighton contributed £81 4s. 10¾d. Subscriptions were given to the following:—

	£	s.	d.
Sussex County Hospital	21	0	0
Children's Hospital	21	0	0
Throat and Ear Hospital	21	0	0
Eye Hospital	21	0	0
Brighton Dispensary	14	14	0
,, ,, Hove Wards	10	10	0
Dispensary (Lewes Road)	4	4	0
,, Sussex Homœopathic	2	2	0
Surgical Aid Society	6	6	0
Dental Hospital	†5	5	0
Women's Hospital	6	6	0
Queen's Nurses	10	10	0
Medical Mission (Edward Street)	*1	15	0

*Balance up to £2. †Further balance (if any).

The letters obtained are distributed to Head Teachers in those departments taking part in the collection. The letters in excess of the requirements of last year were forwarded to the Education Authority, to be used in connection with medical inspection. Letters were also forwarded as a result of a surplus balance of the Brighton Elementary Schools Athletic Association.

The Present Arrangement for the Prescription of Spectacles.

An agreement has been entered into with a Brighton firm for the supply of spectacles at the following rates:

	s.	d.
Spherical	0	9
Plano-Cylindrical	1	4
Spherical Cylindrical	2	0

The procedure is as follows:—

Parents able to pay sign Form A*, and receive an order at the Education Office for spectacles. The parents pay the whole sum at once or pay by instalments at the Education Offices.

*Form A.

" I agree to the arrangements which have been made for the provision of Spectacles by the Education Committee to my child at a cost of I promise to repay this sum of "

Parents unable to pay sign Form B.

Form B.

" I agree to the arrangements which have been made for the provision of Spectacles by the Education Committee for my child , at a cost of . I understand that unless I can satisfy the Education Committee that I am unable to pay this sum , I shall be required to pay the whole or such part of the cost as the Committee may determine."

They also receive an order for spectacles at the Education Office and an investigation ticket for the Charity Organisation Society. Later the Medical

Sub-Committee consider a report as to their income, etc., from the Charity Organisation Society, and decide what the parents should be asked to pay. This payment is collected by the Charity Organisation Society.

In the estimates, £20 has been set aside for this purpose.

Defective Teeth.—During 1911 reports will be submitted to the Education Committee urging the appointment of a part or whole time dentist, in order that a beginning may be made in the treatment of dental caries. At present no conservative work is being done. The cases referred to the Dental Dispensary are cases where extractions are urgently required. At the Dental Hospital, no letter of recommendation is necessary unless stopping, regulation, or operation under anæsthesia is required.

Treatment by School Nurses.—No treatment is carried out by the two School Nurses. Advice as to how treatment may be obtained, and as to the practical methods of carrying it out in the home is however given.

The work of each nurse is separate; Nurse Henson assists in the routine school inspection, in the measurement and weighing of canteen cases, and in the visitation of the homes of parents notified after medical inspection. During 1910, 2,532 home visits have been made by Nurse Henson to such cases, many requiring to be visited on several occasions.

The work of Nurse Richnell has been that of supervision of the cleanliness of children in the schools, the detection of cases of impetigo and ringworm. She also visits the homes of parents who have neglected to carry out instructions, and advises them as to the best means of so doing. During 1910, 1,039 visits were made to schools, and 750 to homes for this purpose.

The work of both Nurses has been carried out thoroughly and with tact, and has been of great assistance in persuading parents to make provision for the necessary treatment. The influence of their visits upon the home conditions is of great value.

Treatment of Defects at the School Clinic.—The School Clinic is now in the fifth year of its existence.

The Clinic is held once weekly, on Tuesday afternoon, from 3.30 to 5.30, in one of the rooms of the Special School.

The diseases treated are contagious diseases of the skin or scalp, verminous conditions, and eczema; in addition, blepharitis, conjunctivitis and certain other eye conditions are dealt with. Cases of other diseases are sent down for examination by teachers, but these are more frequently dealt with at the Public Health Office.

Impetigo.—Instead of giving instructions to have the scabs softened by poultices and thereafter removed, it is now the practice to at once remove the scabs at the Clinic and rub in ointment there and then. This can be done in all excepting nervous children, even in the worst cases of impetigo of the scalp. Mild cases are allowed to resume school attendance at once, and severe cases treated as above return to school after being seen once, and found cured, at the end of a week.

Ringworm of the Scalp.—Removal of the hair by a preparation of barium sulphide, followed by painting with tincture of iodine has been tried in a number of cases. A special point is now made of keeping all cases of ringworm of the scalp under observation for months after apparent cure; the child is told to report every two months, and a careful examination is made for any relapse.

In regard to school attendance, the policy of partial exclusion is followed, if the diseased area is practically free from loose hairs or scurf, the child is allowed to attend while wearing a cap.

A considerable increase is noticeable in the number of children attending:—

	Number of cases.	*Number of attendances.*
1907	123 ...	—
1908	356 ...	1302
1909	792 ...	2973
1910	1306 ...	4652

The following table shews the conditions treated and number of cases and attendances:—

Diseases.	*Boys.*	*Girls.*	*Infants.*	*Total.*	*Attendances.*
Verminous conditions ...	11	72	20 ...	103 ...	279
Ringworm of head ...	92	69	249 ...	410 ...	2564
Ringworm of body ...	22	28	19 ...	69 ...	150
Impetigo and eczema ...	93	145	128 ...	366 ...	870
Scabies	6	12	7 ...	25 ...	117
Blepharitis	17	30	27 ...	74 ...	186
Phlyctenular conjunctivitis	8	21	20 ...	49 ...	116
Conjunctivitis	20	21	14 ...	55 ...	141
Alopecia (other than ringworm) ...	3	3	10 ...	16 ...	24
Other conditions ...	34	66	39 ...	139 ...	204
Total	306	467	533	1306	4652

The number of new cases treated was 1,139; the Clinic was held 44 times, and there was an average attendance of 101 (average attendance 1908, 32; 1909, 66).

The number and nature of cases at present under treatment is:—

Verminous heads	41
Ringworm of head	375
,, ,, body	15
Impetigo, etc.	117
Scabies	13
Blepharitis	41
Conjunctivitis	43
Alopecia	7
Other conditions	34
Total	686

The Clinic is almost self-supporting as regards the drug bill (1d. is charged for each box of ointment, etc., where payment is possible). Any deficit is now made good by the Education Committee, who took over the financial management in October, 1909.

Money available for treatment during 1911-12.—The Education Committee in their estimates for the financial year, 1911-12, have allocated the following amounts towards medical treatment of elementary school children.

Upkeep of Clinic	£25
Subscriptions to Hospitals	100
Spectacle Fund	20

Treatment apart from the School Clinic.

This is obtained from the hospitals and dispensaries and from the private practitioner.

Other agencies such as the branches of the Guild of Brave Poor Things and of the Invalids' Children's Aid Association (formed in 1910) are available for help in certain cases.

The chief objects of the former Society is the training and improvement of the condition of crippled men, women and children, by the teaching of simple crafts (woodwork, basket-making, needlework, etc.), at weekly social meetings. The latter Society has been of great help in providing instruments for cases of paralysis, and in granting additional nourishment for tuberculous children. Both Societies send delicate and infirm children for country holidays.

It has been previously mentioned that 2,306 (36.8 per cent. of those examined) children were found to be in need of advice or treatment for defects. Of this number 977, *i.e.*, 42 per cent., simply required advice as to home life and general hygienic conduct. In this group are included such cases as compensated heart disease, mouth breathers, cases of adenoids not requiring surgical treatment, quiescent tuberculosis, minor skin diseases, and mentally defective children. The remaining 58 per cent., 1,329 in number (a percentage of 21.1 on the 6,273 children examined), were advised to seek treatment from a private practitioner, or in default, from hospital. The majority of these children suffered from defective vision or enlarged tonsils and adenoids.

The following table shews the number with these defects recommended for medical treatment:—

	No. of defectives.	*No. treated.*	*Per. cent. treated.*
Enlarged tonsils and adenoids ...	389	213	55
Defective vision	321	195	61

The increase in the number of these cases treated is 3 per cent. in the vision group, and 7 per cent. in the adenoid group, over the results of last year.

In the above, operations were performed in all cases of enlarged tonsils and adenoids, and spectacles *procured* in the eye cases. The number treated for defective vision is probably 10 per cent. higher than that stated above, since in a certain number of cases (especially in high astigmatism of one eye only) it was not found advisable for the child to get spectacles; moreover, quite a number of children had prescriptions for spectacles given by the hospital authorities, and it was found that the parents were unable or unwilling to pay for these. This latter group is now being dealt with under the *spectacles* scheme. A further group of children whose vision requires attention, and who are to be operated upon for adenoids when a bed is vacant at the hospital, are at present in attendance at the hospitals. It should be mentioned that a certain number of children have been recommended to obtain spectacles after special examination, apart from medical inspection; these are not included in the returns for routine inspection.

The following table shews the number of children obtaining treatment for various conditions at the different hospitals, so far as we have been able to ascertain :—

Hospital, &c.	Errors of Refractions, &c.		Tonsils & Adenoids.		Diseases of skin.	Dental	Other conditions.	Total.
	Spectacles obtained.	Spectacles not yet obtained.	Operations.	No Operation up to present time.				
Eye	104	44	—	—	—	—	—	148
Sussex County ...	78	26	88	10	11	14	65	292
Throat and Ear ...	—	—	65	8	—	—	36	109
Children's	—	—	53	11	3	36	45	148
Dispensary	—	1	3	4	4	1	23	36
Dental Hospital ...	—	—	—	—	—	80	—	80
Clinic	—	11	—	—	118	—	—	129
Private Practitioners	6	3	4	18	13	4	40	88
Optician	7	1	—	—	—	—	—	8
Sanatorium	—	—	—	—	—	—	4	4
Dentist	—	—	—	—	—	32	—	32
Other Sources ...	—	—	—	—	—	—	1	1
Totals ...	195	86	213	51	149	167	214	1075

Thus 1,075 out of 1,329 children obtained treatment, *i.e.*, 80.9 per cent. Of the remainder 217 (16.3 per cent.) took no action at all, 21 (1.6 per cent.) had left school without obtaining treatment, and 16 (1.2 per cent.) refused treatment altogether. In nine of the last mentioned group the defect was enlargement of tonsils or adenoid growths. The number obtaining treatment from charitable institutions (including Clinic and Dispensary) was 955, *i.e.*, 89 per cent.; from a private practitioner or dentist 120, *i.e.*, 11 per cent. The above statistics do not aim at giving the precise number of school children applying for treatment at the several hospitals, etc.; undoubtedly that number is much larger than stated; these figures represent the numbers attending because of advice given at the routine school medical inspection.

The following table shews the results of the last three years:—

Year.	*Per cent. obtaining treatment.*
1908	68.2
1909	74.5
1910	80.9

(g) Review of Action Taken to Detect and Prevent the Spread of Infectious Diseases.

Particulars of the action taken with regard to scarlet fever, diphtheria, measles and whooping cough are given on pages 12, 14, 19 and 24 respectively.

The chief rules on which official action is taken in Brighton to regulate the cessation of isolation and return to school of patients and the periods of quarantine are very similar to those of the "Memorandum on School Closure and Exclusion from School" (1909), issued by the Principal Medical Officers to the Local Government Board and the Board of Education.

In order to impress upon all Head Teachers the *necessity* of early notification of infectious diseases, the following paragraphs have been inserted on pp. 147-150 of the Year Book, 1911, of the Education Committee, a copy of which is sent to each Head Teacher.

Without early notification of the non-notifiable infectious diseases (measles, whooping cough), the early check of an epidemic is impossible.

Notification of Cases of Infectious Diseases by Head Teachers.—Children suffering from the following diseases: diphtheria, scarlet fever, measles, German measles, whooping cough, mumps, and chicken pox, should be notified to the Medical Officer of Health as soon as the Head Teacher learns that they are so suffering.

Scarlet Fever and Diphtheria.—Exclusion of the Patient.—Children suffering from scarlet fever are usually absent for at least nine weeks; children affected by diphtheria for at least seven weeks. Four weeks before the return of the patient to school, notice of the date of his return is sent to the Head Teacher.

Contacts.—Contact with scarlet fever necessitates exclusion for one clear week; contact with diphtheria for four clear weeks.

Other Infectious Diseases.—Exclusion of the Patient.—

Measles	Three weeks.
German Measles	Three weeks.
Mumps	Three weeks
Whooping Cough	Eight weeks.
Chicken Pox	Two weeks.

or until all scabs have disappeared.

Contacts.—Measles, German measles, and whooping cough:—Contacts from the infants' departments are excluded for the same length of time as the patient. Older children are not excluded.

Mumps and chicken pox:—Contacts are not excluded.

Carriers of Infection.—Infection is commonly spread by means of children who carry the infection, but shew no very definite signs of disease.

(1) In diphtheria, these carriers frequently have "sore noses," which bleed readily; nasal discharge may or may not be present.

(2) In scarlet fever, the disease is often mild, and the rash overlooked; frequently, however, the child, although complaining of sore throat and headache, continues to attend school.

Under those circumstances, teachers should remember that in the presence of diphtheria, children suffering from "sore nose" and, similarly, in the presence of scarlet fever, all cases of sore throat should be notified to the Medical Officer of Health.

Skin Diseases.—Ringworm, Infectious Sores, (Impetigo), Scabies and Skin Eruptions of Doubtful Nature.—Head Teachers should make arrangements for children suffering from any of the above to see the School Doctor at the Clinic or at his office. The children should not be allowed to resume attendance until the teacher receives the School Doctor's certificate.

Ringworm of the Head.—Regarding this disease, the Education Committee has issued instructions that not only children attending the School Clinic, but also those having private medical advice, must be seen by the School Medical Officer or the School Doctor before returning to school.

Medical Examination of School Children.

Children sent by Teachers and Attendance Officers to the School Medical Officer or School Doctor for medical examination, should attend as follows:—

1. *Diseases of Skin and Scalp.*—Clinic, Trafalgar Court, Tuesdays, 3.30.

2. *Other Diseases and Defects.*—Public Health Office, Mondays, Wednesdays, Fridays, 5 p.m.

3. *Children whose parents cannot afford to pay for spectacles.*—Public Health Office, Mondays, Wednesdays, and Fridays, 5 p.m.

In these cases the parent must attend with the *child*, and in cases of group 3, with the *prescription* obtained from the hospital.

(h) The Education of Defective Children.

Mentally Defective.—The special school for the education of mentally defective children was opened in 1898, and has accommodation for 40 children.

The following are the chief facts relating to attendance.

Accommodation, 40. Number on roll, 45. Number awaiting admission, 50.

	Total.
Attending January, 1910	48
Admitted during 1910	6
Left during 1910	10
Attending December, 1910	44

The necessity for the enlargement of this school was pointed out in 1908, and a special investigation was made during 1909; the conclusions were then reported upon.

The schedule of instruction for the special school is here given. The chief alteration during 1910-11 has been the establishment within the school (January, 1911), of a class for boot repairing and cobbling. The results so far obtained are encouraging; instruction is given to selected boys during the last four years of their school life. There has been an increase in the amount of time devoted to occupations and domestic work since last year.

There is in connection with the school an "After-care" Committee. From the social point of view, after care of the mentally deficient is even more important than special education, as it deals with the child at a more critical period of life from the moral standpoint. It is advisable that all cases should be followed up, and that careful records be kept of the after school life, and that the visitor be asked to advise on all questions affecting the welfare of the child.

TRAFALGAR STREET

Mornings—

	9.15.	9.45.		9.45—10.10.	10.10—10.30.	10.30—10.50.	10.50—11.5.
MONDAY	Registration.	Texts.	1	Object Lesson.	Number.	Reading.	Recreation.
			2		Reading.	Number.	
			3		Number.	Reading.	
TUESDAY	Prayer.	Lesson.	1	Number.	Reading.	Recitation.	
			2				
			3				
WEDNESDAY	Hymn.	Scripture. Moral.	1	Object Lesson.	Number.	Reading.	
			2		Reading.	Reading.	
			3		Reading.	Number.	
THURSDAY	Assembly.	Lesson.	1	Number.	Reading.	Recitation.	
			2				
			3				
FRIDAY		Hymns.	1	Boys :—Shoe Repairing.			
			2	Girls :—Cookery.			
			3	Younger Children :—Occupations.			

ANALYSIS OF TIME.	Scripture ...	150″	Singing and Breathing Exercises		100″
	Object Lesson	50″	Recreation		125″
	Number ...	90″	Drawing		60″
	Reading ...	80″	Drill and Marching	Older Children ...	65″
	Writing ...	80″		Younger Children...	85″
	Recitation ...	40″	Stories and Games	Older Boys... ...	30″
				,, Girls... ...	60″
				Younger Children ...	60″

SPECIAL SCHOOL.

Afternoons—

11.5—11.25	11.25—11.45.	11.45.	1.15.	1.20.	1.20—1.50.	1.50—2.35.	2.35—2.45.	2.45—3.15.	3.15.
Writing.	Drill.	Dinner and Recreation.	Assembly and Registration.	Marching.	Drawing.	Boys— Manual. Girls— Needlework. Occupations.	Recreation.	Manual. Needlework. Occupations.	Dismissal.
Writing.	Singing.				Drawing.	Manual Occupations.		Manual and Occupations.	
Writing.	Drill.				Painting and Varied Occupations.			Singing.	
Writing.	Singing.				Domestic and Varied Occupations.			Stories and Games.	
Shoe Repairing. Cookery. Occupations, 20″ Marching.					Singing.	Manual Occupations.		Manual, Stories and Games.	

Occupations:
Including
Shoe Repairing,
Cookery and
Manual... ...

Older Boys ...	480″	Total 1350″
,, Girls ...	450″	
Younger Children	430″	

Physically Defective.—No special arrangements at present exist for the special education of this group. A few children have been accommodated in the ordinary elementary schools. The necessity for the provision of a special school was dealt with in a report made in 1910.

Epileptics.—There are at present four children in residential institutions, approved by the Board.

Deaf and Dumb.—Two children at present receive instruction in the local institutions for the Deaf and Dumb.

Blind.—Nine children are receiving education in the Barclay Home or the Blind Asylum in Brighton.

Moral Defectives.—The Education Authority, in conjunction with the London County Council, have a residential industrial school at Portslade, to which such cases are sent.

The following table gives statistics relating to the after care and after school life of children educated by the authority at various schools and institutions for the defective. As far as possible the records have been brought up to date by particulars obtained by the Head Mistress of the special school and the School Doctor.

The results of the education given are not encouraging; they point to the absolute necessity of further supervision after school age for fully 50 per cent. of the cases.

After Care Statistics (Children left).

	Mentally Deficient		Blind.		Deaf.		Epileptic.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Number under observation	45	26	6	7	8	2	2	1
Transferred to other Schools	8	5	...	...	...	...	...	...
Discharged through illness	...	3	...	...	...	...	...	...
Discharged unteachable ...	4	...	...	...	...	...	...	...
Deaths	3	1	...	...	...	...	...	...
Lost trace of	9	2	3	3	1	...	1	...
Institutions—								
Workhouse ...	...	2	...	...	...	...	...	...
Prison	1	...	...	...	...	...	...	...
Epileptic	1	1	...	...	...	...	...	1
Blind	...	...	2	1	...	...	...	...
Asylum	...	...	...	...	...	1	...	...
Dr. Barnardo's Homes	1	1	...	...	...	...	...	...
Useful at home	6	8	...	...	1	1	...	...
Not useful at home ...	4	3	...	...	1	...	1	...
Earning regular wages ...	5 (average wage, 5/6)	...	1 (4/-)	3 (3/-)	2 (4/-)	...	...	...
Irregular employment ...	3 (average wage, 2/-)	...	...	...	3 (?)	...	...	...
Period under supervision...	May, 1906	Mar., 1911.	1899.	July, 1910.	1897.	July, 1910.	1907.	July, 1910.

(i) Instruction in Personal Hygiene and Temperance.

Definite instruction in Hygiene and Temperance, on the lines of the Official Syllabus issued by the Board of Education, has been given for some

time past in 49 of the 52 departments for upper scholars. In the remaining three departments, incidental instruction has been given; in future it is to be given systematically in these schools.

In several of the girls' departments the instruction has been correlated with the lessons on needlework, etc. It is very essential that such courses should form a integral part of school work. That this is so is clearly indicated in the recent circular (758) issued by the Board.

Municipal School for Home Training.—"This school, which was opened in September, 1910, provides a thorough training in domestic work for girls who have just left the elementary schools, with practical work in a Model Home; the course consists of six months' full time attendance at day classes, to be followed by a six months' evening course."

The main idea of the above-mentioned course of training is to equip the girls as far as possible for the life they will lead in their own homes; to teach them economy, thrift, and right methods in practical household management, and to encourage them to think, plan and execute on their own initiative; to increase their interest in domestic matters, and to widen their mental horizon.

The course consists of the following subjects taught in a thoroughly practical manner, viz.:—

Needlework.—Including renovation and mending, cutting down, altering and adapting clothing for children.

Cookery.—Including planning of meals, catering, shopping, principles of diet, food values, etc.

Laundry.—Work under conditions obtainable in ordinary homes.

Handicrafts.—For the general training of the eye, hand and brain, for small household repairs, simple carpentry, renovations, etc.

Home Upholstery.—Padding and covering furniture, repairing curtains, rugmaking.

Housewifery in general—Including the care of children.

General Education.—Including English, Arithmetic in practical application to household accounts, singing, etc.

Physical Exercises.—On the Swedish system to develop the physique generally.

Model Home.

Selected groups of girls who have been through the training school course, and who definitely intend to enter domestic service, are drafted into the Model Home for short periods of special practice in actual housework; the conditions of home life are secured by several of the teachers residing in the Model Home.

The girls are required to carry out the whole of the housework under the supervision of a trained mistress; it is calculated that this portion of the training occupies about six weeks for each group of about 13 girls.

It is expected that at the end of the period named there will be no difficulty in placing the girls into suitable situations; they will be kept in view after leaving the school, and will be encouraged to gain further experience at Evening Continuation or other classes.

The Committee feel that in the period of training which is given, much may be done in the direction of influencing the girls and of teaching them in such a way, that further developments on right lines will follow, and they believe that the ideals of home comfort, happiness and hygiene inculcated at the School cannot fail to be productive of lasting good results."

There is accommodation for 40 children, and the staff consists of the following:—One Head Mistress of the School, one Head of Model Home, each giving full time services to the work; two half-time mistresses giving instruction in laundry work and dressmaking and needlework; one mistress giving instruction in English and arithmetic for 4½ hours weekly. Physical exercises and drill are also given by a specially qualified instructress.

It is intended that approximately half the pupils shall pay a fee of 6d. per week, the others being nominated as scholarship holders. Two classes of scholarships are awarded:—

Class I.—Free admission, free dinners, and maintenance allowance of 30s.

Class II.—Free admission and free dinners, no allowance

In addition to this scheme for home training after school life, and in view of the fact that it can only be taken advantage of by a limited section of girls leaving the elementary schools, it has been decided that there should be in the elementary schools a more systematic and practical training in home management. The Committee have therefore decided to ask Head Mistresses of all girls' departments to adopt a scheme on the lines of that laid down in "Home Management" (Wilena Hitching, Chambers & Co.). This, if properly carried out, should be of great value to those girls unable to attend the home making centre. The scheme is very practical, and, if taught well, will certainly be of interest to children.

Physical Exercises.—These are carried out according to the course suggested in the new code (1909), *i.e.*, on a modified Swedish system.

The drill in some of the schools was well done, and the children were well disciplined; in others, the number of children at drill was too great to enable adequate supervision to be exercised, the consequence being that many of the children benefitted little by it.

The exercises should be thoroughly enjoyed by the children. Care must be taken to prevent the children becoming "bored," as they do if the lesson be taken slackly. Lack of freedom, from improper dress, is also objectionable. While one cannot expect to obtain for all children a rational costume, yet in summer, for boys, it should be quite practicable to get all vests and coats removed before the drill commences.

General Arrangements for Boys.—Physical drill on 2 days during week, ½ hour lesson; or on 1 day, 1 hour lesson. Swimming, 1 day in week, lesson of ¼ to ¾ hour. Organized games, 1 day in week, 1 to 2 hours.

Girls.—Physical drill in one or two schools for short periods only of 15 minutes, 4 times a week, instead of 1 hour once weekly.

Infants.—Physical drill and organized games daily in most schools. As a rule physical drill only with older children, and organized games chiefly for younger children. Times given vary greatly, 1 hour to 6 per week.

Breathing Exercises are in most schools carried out systematically; it would be of great advantage if this was so in all schools, as by such means the teachers would immediately detect all cases of pronounced nasal obstruction, and would be able to bring these children out for the medical inspection. There has been a marked drop in the number of mouth breathers during the last year, and this is probably a direct result of medical inspection (adenoid cases being advised to secure treatment) and of the increased attention paid to this condition by teachers.

Organized Games.—During summer, classes of children are taken out to various parks and open spaces and there take part in organized games. This is admirably carried out in some schools, but naturally the success or otherwise of organized games depends upon the teachers; where sympathy is not

felt with this movement it is generally a failure. In cases in which any considerable distance has to be traversed before arriving at the park, it would be advisable to limit the amount of exercise for the more delicate children.

Suggestions for organized games in elementary schools were drawn up and circulated among Head Teachers in 1909—a copy of these suggestions was included in the Report for that year.

Swimming.—Instruction is now given from May to October to selected pupils of 11 to 13 years of age (boys and girls). The tuition is carried out at the Corporation Baths, the Swimming Bath at St. Luke's Terrace, and Brill's Baths. One instructor takes a class of 20 children. Scholarships giving free admission to the Public Baths are awarded by the Baths Committee to one scholar from each of the 25 boys' and 22 girls' departments affiliated to the Elementary Schools Athletic Association. Certificates are awarded to all children who have learnt to swim. The Education Committee give 12 free tickets, for use in the Public Baths, to each holder of a certificate. Lessons last 45 minutes; there are three male and two female instructors—one male being engaged for full time. Baths cleaned and refilled twice weekly.

During 1910, 323 boys and 167 girls were taught to swim out of a total of 1,037 boys and 765 girls attending for instruction.

Classes in Physical Training for Teachers.—With a view to enabling all teachers to become acquainted practically with the actual exercises and methods of carrying on drill, and in order that they might realise the essential faults which occur in the carrying out of such drill, the Education Committee arranged that a series of lessons should be given by a competent instructor throughout the winter sessions; similar classes were held also by a lady instructor for women teachers. A lesson was given twice a week in order to accommodate the number who applied. Those who have taken advantage of this course are now in a far better position to appreciate the possibilities of physical training than those who have received no such practical lessons. The average attendance of men was about 50, and of women about 25, out of an approximate total of 130 men and 170 women.

Organization and Administration of the Brighton Elementary Schools Athletic Association.

For many years past the teachers of Brighton have taken a very active part in the organization of school games and sports among elementary school children. The following are the chief points of interest in this work:-

1. *Swimming.*—Annual sports are held for boys and girls separately. Water polo matches are arranged between the schools—the semi-final and final rounds being fought during the sports. These sports aid greatly in encouraging children to learn to swim.

2. *Athletic Sports* (since 1887).—Annual sports are held in July. The races are graduated carefully; the entrants being approximately of similar ages, and from similar types of schools. Races are for both girls and boys.

Elementary Schools Football Association (since 1892).—There are senior and junior leagues for schools in Brighton and Hove; also the Barlow Challenge Cup for competition on the knock out system. A County Shield is given for competition among clubs belonging to the Sussex Schools Association. The administration of this branch is chiefly carried on by assistant teachers. Last year the Shield was won by a combined team from the Brighton and Hove Schools.

Open Air Schools, etc.—No special arrangements were made for open air schools or holiday camps. In schools in which a suitable playground is available it is found possible to conduct some lessons in the playground; this should certainly be taken advantage of more by teachers who have suitable schools.

WORK IN CONNECTION WITH THE EDUCATION (PROVISION OF MEALS ACT), 1906.

In the Report for 1908 a short history of the movement and the administration and organization were discussed.

Owing to a stricter enquiry, and also to diminished unemployment in the Borough during 1909 and 1910, the number of children receiving free meals has fallen noticeably. All children for whom an application form is received are weighed and measured, and in special cases thoroughly examined by the School Medical Officer or School Doctor. During 1909-10, 862 children were examined and a report made to the Canteen Branch Sub-Committee on the advisability or not of giving free meals on medical grounds. Many of these were examined on two or three occasions, the total number of examinations made being 1,654 (1908 = 2,006; 1909 = 2,392).

The children recommended for free meals were those of deficient physique, deficient weight in relation to height, tuberculous and anæmic children, etc. Of the applications received, 48 per cent. were recommended for free meals.

General Arrangements.—The cooking is carried out at one centre (Richmond Street), from which the food is distributed to other centres.

During the winter, 1909-10, three other centres have been open, viz., Circus Street, Elm Grove, Queen's Park.

Children in attendance at the special school are, as formerly, supplied with food provided by the Secondary School Cooking Centre.

Feeding on Saturdays was stopped in 1909.

The superintendence of meals is undertaken by voluntary lady helpers.

Canteen tickets are collected, and the registers are marked at each centre by School Attendance Officers.

Periodical visits were made to the chief centres; the materials used for meals were always found to be of good quality, and the cooking good. For menus, see last Annual Report.

For statistical purposes the records of the financial year 1909-1910 are available, and those of the summer session for 1910.

	1907-8	1908-9	1909-10
Approximate number of nominations ...	—	2300	1713
Actual number of children who have received any free meals during the year	1213	1427	902
Total number of meals	86202	113490	64246
Penny tickets sold	2409	1234	2355
Average number of free meals granted per day:—			
Summer session	98	257	250
Winter session	620	844	450
Highest number of meals granted per day	805	1097	700
Lowest number of meals granted per day	82	187	221
Total cost of food supplied		£216 9 6½	
Average cost per meal		4-5d.	

Children from 22 of the 32 schools have received meals; the percentage of children thus fed to the number of children on the books of the elementary schools is 5 per cent. (1908-9 = 8 per cent.).

The following table shews the percentage of children granted meals to the number on the books for groups of schools:—

Per cent. of Children granted Meals.	No. of Schools. 1908-9.	1909-10.
30 per cent. and over	1 ...	—
20 ,, ,, ...	4 ...	1
10 ,, ,, ...	7 ...	6
Under 10 per cent.	15 ...	15

The following table shews the records of the summer session, 1910 (April—July):—

The chief centre alone was opened.

	1908.	1909	1910.
Approximate number of nominations ...	— ...	450 ...	400
Number of children who received any free meals	437 ...	357 ...	321
Per cent. of children fed to number of children on the rolls	2.4 ...	1.9 ...	1.7
Highest weekly number fed	320 ...	289 ...	253
Average daily number of meals	257 ...	250 ...	220
Total number of meals	14577 ...	14259 ...	*14288

*The increase in this column is due to the earlier opening of the centres in 1910.

The figures in each space shew a decrease during 1909 and 1910.

Periodical examinations are made of the children fed; these would tend to shew that the feeding certainly assists in maintaining the normal rate of growth of children.

A Special Report was made on a limited number of children who had been recommended for free meals on the grounds of malnutrition. This report, which is given below, shews the value of the free meals in these cases.

Report on the results of the re-examination made of children fed during the winter session of 1909-10 (October to March):—

"Over 1,000 children have been examined for the Investigation Sub-Committee, but as many of these have not been recommended for free meals, or have not received them for any long period, the re-examination was confined to children recommended for free meals on medical grounds, and further only those children who had received meals for 11 weeks or over were re-examined.

"There were 148 children who fulfilled these conditions. All these children at the beginning of the session were recommended for meals on medical grounds; now 55 boys and 59 girls, *i.e.*, a total of 114 children are still recommended on medical grounds, *i.e.*, 34 children (23 per cent.) have been brought over the average weight for a given height, and would no longer be eligible for free meals on medical grounds.

"Of the 148 children, only 6 have lost weight; the average loss in these cases being .3 kilograms (4-5ths of a lb.); this might be accounted for by a change in clothing only.

"The average gain in weight for each child was, for boys 1.0 kilogram (2.2 lbs.), and for girls 1.2 kilograms (2.6 lbs.)

"The average gain in height for boys was 1.8 centimetres ($\frac{3}{4}$ in.), for girls 2.2 centimetres (9/10ths in.).

"The following table shews in more detail the gain in weight according to sex, age, and duration of feeding; the increase in weight is generally greater in girls than boys, especially in the 13 year old group, and the weight naturally increases with age and with longer periods of feeding.

Boys.	Gain in Weight (Kilograms).		
Age Group.	Feeding for 13 to 16 weeks.	Feeding for 17 to 20 weeks.	Feeding for 21 weeks.
3 to 6	.6	.5	.8
7 to 10	.7	1.0	1.1
11 to 13	1.5	1.4	1.6

Girls.	Gain in Weight (Kilograms).		
Age Group.	Feeding for 13 to 16 weeks.	Feeding for 17 to 20 weeks.	Feeding for 21 weeks.
3 to 6	—	1.0	1.0
7 to 10	.7	1.2	1.2
11 to 13	1.5	1.9	2.0

"These gains are above the normal ones for children of similar age groups during similar periods.

"The gain in height is much more irregular, but is approximately normal.

"These results are quite satisfactory, and point to the adequacy of the arrangements made by the Committee.

The "Watching" List.—In order to keep under observation certain children recommended for free meals on medical grounds, but whose home circumstances do not justify the meals being given free, a "watching" list was instituted by the Canteen Committee, the names of all such children being entered upon this. These children are examined at intervals by the School Doctor, and their progress is noted, the Committee taking such action as is recommended. Enquiries are also carried out by the School Nurse, under the supervision of the School Doctor, as to the nature of the meals given at home in these cases. The Canteen Committee state in their report on the administration of the Provision of Meals Act for the summer session, 1910, that "they now feel that it is practically impossible for any child to be attending school physically unfit, through lack of food, to take advantage of the education provided."

Voluntary Assistance.—By means of a voluntary fund, children in need of food are fed throughout the Christmas holidays. There are also voluntary associations organised by the Church for the provision of breakfasts, either free or by the payment of a very small sum, in the parishes of St. Martin's and St. John's, where the need is most felt.

PREVENTION OF CRUELTY TO CHILDREN ACT, 1904.

The duties under this Act (formerly carried out by H.M. Inspector of Factories) are to see that all restrictions and conditions endorsed upon the licences granted by the Magistrates to permit children to perform in places of public entertainment are properly complied with.

32 children were licensed during 1909, 23 girls and 9 boys.

19 employed as singers and dancers.
11 ,, ,, actors and actresses.
2 ,, ,, acrobats.

17 night inspections and 15 day visits were made.

These children are all between the ages of 10 and 14 years. They have to perform every evening throughout the week, and at one or more matinées. They have to attend school or private classes, and as they are practically all employed in companies on tour, their Sunday is usually a day of travel from town to town. In view of the hard conditions under which these children live, the following figures, shewing the decrease in the number licensed in Brighton, must be considered satisfactory:—

1906	Children licensed	62
1907	,, ,,	66
1908	,, ,,	54
1909	,, ,,	52
1910	,, ,,	32

This is probably due in part to the action of the Metropolitan Magistrates who have lately shewn themselves very reluctant to grant these licences, and when they do grant them impose many restrictions.

As most of these children start their career in London, this difficulty of obtaining licences to work the children long hours, and without due regard to the safeguarding of their health and education, no doubt induces Managers to try and do without them, and the effect is seen in the reduced numbers touring in the provinces.

The conditions on the licences were generally well complied with; three had to be cautioned for exceeding the specified time by a few minutes, and two for non-attendance at school.

This year particulars as to school attendance in all cases have been sent to the Education Department:—

13	were	licensed	until	10.0 p.m.
14	,,	,,	,,	10.30 ,,
3	,,	,,	,,	10.45 ,,
2	,,	,,	,,	11.0 ,,

EMPLOYMENT OF CHILDREN ACT.

Lists of children employed in shops, etc., have been regularly supplied by the Education Authorities. Some of these are very full and accurate in their information, and have been of great assistance to the Inspector.

The following table gives the total number of names submitted on the three lists sent in during 1910:—

	Boys.		Girls.
All Souls'	34	All Souls'	23
Central	81	Central	1
Christ Church	1	Christ Church	—
Circus Street	34	Circus Street	23
Ditchling Road	139	Ditchling Road	13
Elm Grove	89	Elm Grove	—
Finsbury Road	99	Finsbury Road	44
Hanover Terrace	118	Hanover Terrace	10
Lewes Road	98	Lewes Road	6
Loder Road	71	Loder Road	—
Middle Street	50	Middle Street	6
Pelham Street	102	Pelham Street	13
Preston Road	107	Preston Road	1
Park Street	1	Park Street	4
Richmond Street	75	Richmond Street	52
St. Mary's	57	St. Mary's	6
St. Paul's	35	St. Paul's	1
St. Martin's	29	St. Martin's	10
St. Joseph's	13	St. Joseph's	—
St. Luke's Terrace	79	St. Luke's Terrace	18
St. Mark's	68	St. Mark's	2
St. John's	76	St. John's	11
St. John the Baptist's	21	St. John the Baptist's	3
St. Bartholomew's	77	St. Bartholomew's	9
St. Stephen's	61	St. Stephen's	—
Stanford Road	68	Stanford Road	5
		St. Margaret's	4
	1,683		265

Of the 1,683 names of boys sent in, 252 were of street traders.

The ages of children employed are given in the following tables:—

Boys.

Over 14 years.	13 years.	12 years.	11 years.	10 years.	Under 10.
32	744	547	224	115	21

Girls.

2	51	51	44	40	49

An analysis of the lists sent in shewed the following contraventions of Bye-laws:—

	Boys.	Girls.
Bye-law 1, Employment under 10 years of age	21	49
,, 2 ,, in Barber's Shops and Licensed Houses	3	—
,, 3 ,, under 12 in Laundries	—	—
,, 4 ,, in Milk and Newspaper Delivery	71	8
,, 5 ,, in Carrying Parcels	160	—
Section 3, Employed after 9 o'clock at night	20	1
	275	58

Total 333 offences.

Most of the cases of girls employed under 10 years were found on investigation to be very trivial, such as minding a baby or running short errands.

168 employers were written to and warned as to the offence committed, and a copy of the bye-laws was at the same time supplied.

This had a good effect. 26 employers wrote back apologising, and promised not to offend again, and 24 visited the office and saw Inspector Mills personally to have the bye-laws explained, or to state what steps they had taken to comply with the bye-laws.

The notice served is shewn on the following page, a large X being placed opposite the bye-law broken.

Marked improvement is shewn by the later returns, as is shewn by the following table: —

Comparison with 1909 records.

	Offences.		Written Notices.	
	1910.	1909.	1910.	1909.
January lists	166	144	84	—
April lists	98	149	54	—
September lists	68	136	30	—
Totals ...	332	429	168	

Or Employment contrary to law :—

1907	39%
1908	25%
1909	22%
1910	17%

Those to whom written notices were sent were afterwards visited, and when a child was found still employed beyond the legal hours, a signed statement was taken from the child as to hours of employment during that week.

Three employers were found to be still employing the children illegally, and these were reported to the Chief Constable. Before prosecuting, the Chief Constable wrote and asked the employers if they had any satisfactory explanation to offer. In each case a personal visit to apologise or offer explanation was made, and as these were considered satisfactory, it was decided not to prosecute.

One complaint was received from a schoolmaster that a child was physically unfit for his school work in consequence of the arduous nature of his work as a licensed street trader.

This child was found to be employed carrying out milk from 6.0 to 8 0 a.m., and again after school hours. Inspector Mills estimated his morning round to cover nearly four miles, chiefly on the hills in the north part of the town. The child was examined by Dr. Lambert, and in consequence of his physical unfitness it was decided to prohibit his employment in this occupation.

HEALTH DEPARTMENT,
TOWN HALL,
BRIGHTON.

To

Sir,—I am informed that you have in your employ a child named , age years, and that such child has been employed by you from

This is contrary to Bye-law made under the Employment of Children Act, 1903.

The hours during which children may lawfully be employed are as follows:—

Bye-law 1 No child under the age of 10 years shall be employed in any labour.

,, 2 No child shall be employed as a lather boy, or in a similar occupation in any barber's shop, or in connection with the sale of intoxicating liquor in any licensed public house, or in or about any premises licensed for public entertainment.

,, 4 No child who is liable to attend school full time shall be employed for more than four hours on any school day, and no such child shall on any school day be employed in, or engage in, any of the following occupations, except between the hours respectively hereinafter specified, viz:—

NATURE OF OCCUPATION.	HOURS OF EMPLOYMENT.
Sale or delivery of milk.	6 to 8 a.m. and 4.30 to 6.30 p.m.
Sale or delivery of newspapers.	6.30 to 8.30 a.m. and 6.30 to 8.30 p.m.
Any other occupation (except as mentioned in the next succeeding bye-law).	7 to 8 a.m. and 5 to 8 p.m.

,, 5 No child who is liable to attend school full time shall be employed in carrying parcels on any school day, except between the hours of 5 p.m. and 8 p.m., or on any other day than a school day, except between the hours of 8 a.m. and 2 p.m., or between the hours of 2 p.m. and 9 p.m.

In the Employment of Children Act, 1903, and in the above Bye-laws:—

The expression "child," unless otherwise stated, means a person under the age of 14 years.

The expressions "employ" and "employment" used in reference to a child include employment in any labour exercised by way of trade, or for the purposes of gain, whether the gain be to the child or to any other person.

Section 3 THE EMPLOYMENT OF CHILDREN ACT, 1903, provides as follows:

1. A child shall not be employed between the hours of nine in the evening and six in the morning.
2. No child who is employed half-time under the Factory and Workshop Act, 1901, shall be employed in any other occupation.
3. A child shall not be employed to lift, carry, or move anything so heavy as to be likely to cause injury to the child.
4. A child shall not be employed in any occupation likely to be injurious to his life, limb, health or education, regard being had to his physical condition.
5. If the local authority send to the employer of any child a certificate signed by a registered medical practitioner that the lifting,

carrying or moving of any specified weight is likely to cause injury to the child, or that any specified occupation is likely to be injurious to the life, limb, health or education of the child, the certificate shall be admissible as evidence in any subsequent proceedings against the employer in respect of the employment of the child.

Inspector.

MEDICAL INSPECTION IN THE SECONDARY SCHOOLS.

An inspection of the scholars at the Municipal Secondary School in regard to height, weight and visual power was made in April, 1910.

The results are of some interest in comparison with the corresponding points among Elementary School Children.

(a). BOYS' DEPARTMENT:—

597 boys were examined: the total number on the register is 614.

1. HEIGHT AND WEIGHT:—

The following table gives a comparison of the heights and weights of the Secondary School Boys with Public School Boys, and with the average boy of a similar age.

	Weight (kilograms).			Height (centimetres).		
Age.	Public School* Boys.	Secondary School Boys.	General Pop.	Public School Boys.	Secondary School.	General Pop.
8	—	26.0	24.9	—	131.0	119.6
9	—	27.8	27.4	—	131.4	126.2
10	30.6	29.6	30.6	135.6	136.2	131.6
11	33.1	32.3	32.7	139.4	140.5	135.8
12	36.4	35.1	34.8	144.6	145.3	139.6
13	40.2	37.9	37.4	149.4	149.5	144.5
14	45.0	42.8	41.8	154.8	155.5	150.6
15	50.2	47.7	46.6	160.8	161.9	158.0
16	58.2	51.1	54.0	168.8	165.7	163.4
17	64.2	59.5	59.4	172.0	170.2	168.2
18	66.2	59.7	62.3	173.2	171.2	170.2

*Rugby, &c.

It will be seen that, while inferior in physique to the Public School Boy, the Secondary Boy is generally in height and weight well in advance of the "average" Boy. This is especially so in that the weights of the average Boy and the Public School Boy given above include the clothing; in the case of the Secondary Boy the coat and waistcoat, and boots were removed before weighing. The height of the Secondary School Boy up to the age of 15 is greater than that of the Public School Boy—after the age of 15—less.

The next table gives a comparison with the Elementary School Boy of similar age.

Age.	Weight (kilograms).		Height (centimetres).	
	Elementary.	Secondary.	Elementary.	Secondary.
8 ...	21.9	26.0	119.7	131.0
9 ...	24.2	27.8	124.1	131.4
10 ...	26.0	29.6	129.8	136.2
11 ...	28.7	32.3	133.5	140.5
12 ...	31.8	35.1	136.7	145.3
13 ...	34.0	37.9	143.3	148.5
14 ...	36.6	42.8	146.6	155.5

The difference in both height and weight is remarkable. The Secondary Boy has the advantage of some 3-6 kilograms ($6\frac{1}{2}$lbs.-13lbs.), and of 6-10 centimetres ($2\frac{1}{4}$-4 inches) over the Elementary Boy of similar age.

2. VISION (total examined 557) :—

The visual power with spectacles on is given in the case of boys wearing spectacles; this raises the percentage of children with good vision.

The following table shews the results of the whole School compared with the vision of boys in the Elementary Schools.

	Secondary School (1910).	Elementary Schools (1909).
Vision good or fair ($\frac{6}{6}$ or $\frac{6}{9}$)	93.7 per cent.	90.8 per cent.
Vision moderate ($\frac{6}{12}$) ...	3.1 per cent.	3.2 per cent.
Vision bad ($\frac{6}{18}$)	3.2 per cent.	6.0 per cent.

The percentage of Secondary Boys wearing spectacles was 5.5, whereas only 2.2 of the Elementary Boys wear spectacles, thus more attention is paid to defective vision among these boys (this was found also to be the case in the Girls' School).

The next table shews the percentage of visual power in the various Forms (grouped according to numbers).

Form or Standard.	Number Examined.	Vision.		
		Good.	Moderate.	Bad.
1 ...	32	100.0	—	—
2 ...	80	95.0	5.0	—
3 ...	103	95.2	1.9	2.9
4 ...	138	88.4	5.8	5.8
5 ...	135	94.9	2.2	2.9
6 ...	69	95.5	—	4.5

Only 4 per cent. of the boys in the 4th Form group were wearing spectacles, hence the number with uncorrected errors of refraction is partly accounted for.

In Forms 5 and 6 the percentage with spectacles is much higher, hence the visual power is better.

The percentages of myopia in the several Forms were as follows:—

Form.	Myopia (short sight).
1	6.2
2	6.2
3	7.7
4	12.3
5	16.0
6	13.0

The increase of myopia as the age and Form rise is seen well. The percentage of myopia in Elementary School boys is about 9 per cent. at the age of 13 and 14.

(b). GIRLS' DEPARTMENT:—

329 girls were examined; the total number on the register is 354.

1. HEIGHT AND WEIGHT:—

The following table shews a comparison between Elementary and Secondary School children.

Age.	Weight (kilograms).		Height (centimetres).	
	Elementary.	Secondary.	Elementary.	Secondary.
10 ...	27.1	31.2	129.8	134.5
11 ...	29.7	32.8	135.2	142.2
12 ...	33.3	37.2	141.1	147.5
13 ...	36.5	40.2	145.6	152.8
14 ...	40.0	44.7	150.6	155.7

The Secondary School Girl is from 2 to 4 kilograms (4½ to 9lbs.) heavier than the Elementary School Girl of similar ages, and from 5-7 centimetres (2-3 inches) higher.

The following table shews the stature and weight of the Secondary School Girl compared with the average girl of similar age, and also with the High School Girl.

Age.	Weight (kilograms).			Height (centimetres).		
	High School* Girls.	Secondary School.	General Pop.	High School Girls.	Secondary School.	General Pop.
10 ...	31.3	31.2	28.1	135.6	134.5	129.8
11 ...	36.0	32.8	30.9	141.5	142.2	134.8
12 ...	39.1	37.2	34.7	147.3	147.5	141.5
13 ...	43.0	40.8	39.5	151.3	152.8	146.8
14 ...	47.8	44.7	43.8	154.4	155.7	151.8
15 ...	50.5	48.6	47.6	158.9	159.4	154.8
16 ...	52.8	48.5	51.2	159.9	159.3	156.8
17 ...	—	53.4	52.2	—	160.9	158.8
18 ...	—	54.2	53.4	—	162.5	160.0

*North London Collegiate School.

The stature and weight with one exception (weight at 16) is distinctly in advance of the stature and weight of the average girl (this is an average of all classes, both in town and country).

The Secondary School Girl is approximately the same in height, or has a slight advantage over the High School Girl of similar age, but is distinctly less heavy at all ages compared.

2. VISION (total examined 329).

In testing vision in those cases in which spectacles were worn, the visual power *with* spectacles has been noted. This naturally increases the percentage of children with good vision and lessens the percentage with bad vision.

The following were the results for the whole School (a comparison with the girls of Elementary Schools is given):—

	Secondary School (1910).	Elementary Schools (1909).
Vision good or fair ($\frac{6}{6}$ or $\frac{6}{9}$)	92.1 per cent.	89.1 per cent.
Vision moderate ($\frac{6}{12}$) ...	6.1 per cent.	4.1 per cent.
Vision bad ($\frac{6}{18}$)	1.8 per cent.	6.8 per cent.

As far as actual visual power (with or without spectacles) is concerned, the Secondary School Girls are well in advance of the Elementary School Girls. The percentage of Secondary School Girls wearing spectacles is 19.1, much in advance of the 4.5 among Elementary School Girls, *i.e.*, a much higher percentage of Secondary Girls with defective vision obtain spectacles than in the case of Elementary Girls. In other words the correction of bad eyesight by spectacles is more frequent among Secondary Girls, hence the superiority in regard to vision is more apparent than real.

The next table shews the percentage of visual power in the various Forms (grouped according to number):—

Form or Standard.	Number Examined.	Vision.		
		Good.	Moderate.	Bad.
2 ...	18	83.4	16.6	—
3 ...	113	94.8	3.5	1.7
4 ...	82	94.0	3.6	2.4
5 ...	70	88.6	10.0	1.4
6 ...	46	91.4	6.5	2 1

The results are somewhat irregular, probably the percentage of bad cases would rise steadily up the School if the vision of children already wearing spectacles was taken without spectacles.

The percentages of myopia in the several Forms were as follows:—

Form.	Myopia (short sight).
2	11.1
3	16.8
4	15.9
5	22.8
6	21.7
Total ...	18.2

The gradual increase of myopia with School life is well shewn.

The percentage of myopia in the Elementary School Girl at 13 is 9-10 per cent.